

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019753
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's 2 4631

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

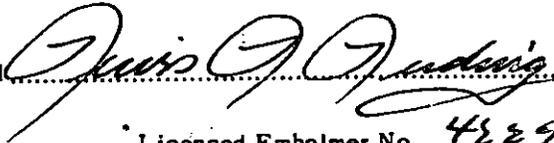
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOA Jewish Hosp.		Length of stay in lb 55 yrs.	d. STREET ADDRESS 6252 Southwood (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle WEINBERG Last WEINBERG			4. DATE OF DEATH Month May Day 11 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1900
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Luggage Manf.	11. BIRTHPLACE (City and state or country) Poland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Morris Weinberg	
13b. MOTHER'S MAIDEN NAME Dora Slavatitsky		14. NAME OF HUSBAND OR WIFE Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown); (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Rose Weinberg Address 6252 Southwood
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Acute Myocardial infarction IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		420.0	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 1958 to May 11, 1959 and last saw him alive on May 11, 1959 Death occurred at 1:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Monte G Binder, M.D. (Degree or title)		22b. ADDRESS 4652 Maryland	22c. DATE SIGNED 5/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 5/12/59	23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol	23d. LOCATION (City, town, or county) (State) Ladue, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 ADDRESS McPherson		25. DATE RECD. BY LOCAL REG. 5-12-1959	26. REGISTRAR'S SIGNATURE Loan Smith, M.D. <i>mgb</i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4229

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.