

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038203

FILED VS NOV 3 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9703**

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) # 40 N.Kingshighway	
3. NAME OF DECEASED (Type or print) First BESS Middle WEINTRAUB Last			4. DATE OF DEATH Month OCT. Day 22nd Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/10/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY RUSSQA	11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Bernard H. Weintraub		13b. MOTHER'S MAIDEN NAME Eva Weisman		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Dr. S.A. Weintraub Address 700 S. Price Rd.		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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 Jan 1939 to Oct 59 and last saw her alive on Oct. 22, 59 Death occurred at 11 45/P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Burton Shatz M.D. (Degree or title)			22b. ADDRESS 4652 Maryland		22c. DATE SIGNED 10/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/26/59	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. 5216 DELMAR		25. DATE RECD. BY LOCAL REG. OCT 23 1959		26. REGISTRAR'S SIGNATURE Loal Smith M.D. moe	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

imposed.
of the
year of 1911.

of 1911

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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 Peter B. Dubrouel

Licensed Embalmer No. 3691

P. O. Address St. Louis

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.

imposed

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

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