URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1828

STATE FILE NUMBER -60-009049

RENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. 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 ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5270 Waterman — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5270 Waterman — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SEYMOUR Middle Last WEISS

4. DATE OF DEATH Month February Day 14, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/26/17

9. AGE (last birthday) 42 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY Pants Mfg.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis Weiss

13b. MOTHER'S MAIDEN NAME Bertha Wexler

14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Tillie Arsht Address 760 Harvard Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Strangulation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 974+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when deceased hanged self in home on or about February 15 1960 while suffering from Mental aberration

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2 15 60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1040 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J Simon Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/17/60

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

23d. LOCATION (City, town, or county) University City, Missouri (State)

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG. FEB 17 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side).

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3788

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.