

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 8 wks	c. CITY OR TOWN University City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1306 82nd Street

3. NAME OF DECEASED (Type or print) First Abraham Middle Last Weinman			4. DATE OF DEATH Month 8 - Day 10 - Year 1960		
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 9-15-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY Paper Hanger	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Zurach Weinman		13b. MOTHER'S MAIDEN NAME Tauba (unk)		14. NAME OF HUSBAND OR WIFE Frieda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. (unk)	17. INFORMANT Address Mrs. Frieda Weinman 1306 82nd St.		

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 approx. 1 yr.
IMMEDIATE CAUSE (a) <i>Arteriosclerotic Cardiovascular Disease with Congestive Heart Failure.</i>			
DUE TO (b) <i>Failure.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4221</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 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 <i>Dec. 12, 1959</i> to <i>Aug. 10, 1960</i> and last saw ^{him} alive on <i>Aug. 10, 1960</i> Death occurred at <i>11:50 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Sam Birenbaum M.D.</i>	22b. ADDRESS <i>462 N. Taylor</i>	22c. DATE SIGNED <i>8/11/60.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-11-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4715 McPherson</i>		23d. LOCATION (City, town, or county) <i>Univ. City, Mo.</i>

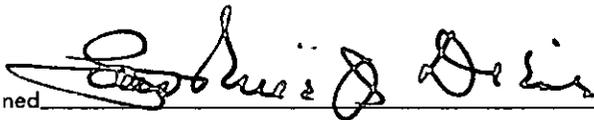
25. DATE RECD. BY LOCAL REG. <i>AUG 11 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3988

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.