RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12327 STATE FILE NUMBER -60-048052

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Enroute City Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5475 Cabanne Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BECKY Middle Last WEISS
4. DATE OF DEATH: Month DECEMBER Day 22, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct.2,84
9. AGE (last birthday): 76 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Jake Weiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Nathan Weiss — Address: 4339 Michigan Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis
DUE TO (c): Diabetes. 260x
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. ☐ Yes ☒ No ☐ Unknown

O.K. [signature] 12-23-60

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
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from July 15, 1958, to Dec. 22, 1960 and last saw her/him alive on Dec 20, 1960
Death occurred at 5 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew G. Klein, M.D.
22b. ADDRESS: 4632 So Grand Blvd
22c. DATE SIGNED: 12-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/23/60
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) (State): St.Louis County Missouri

24. FUNERAL DIRECTOR — ADDRESS: HERMAN RINDSKOPF INC. 5216 DELMAR
25. DATE RECD. BY LOCAL REG.: DEC 23 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed John Kutter

Licensed Embalmer No. 388C

P. O. Address_____

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