

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH658
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **1392 Montclair** St.
 (e) Length of residence in city or town where death occurred **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **27** yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1392 Montclair** St. **6**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Ida Weinschel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 62

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dealer in Ice**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **Sept. 1937** 11. Total time (years) spent in this occupation **25 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

13. NAME **Mosha Weinschel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Sarah Faga**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT (ADDRESS) **Sam Weinschel**
2624 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chapel Hill, Mo.** DATE **Jan. 16 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Adenharder Funeral**
4469 Washington Blvd.

20. FILED **JAN 16 1938** **J. G. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 7 1938**, to **Jan. 16 1938**

I last saw him alive on **Jan. 16 1938**. Death is said to have occurred on the date stated above, at **5:07 a.m.**

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset
1/7/38

Other contributory causes of importance:
Arteriosclerosis Generalized
Bronchopneumonia **1/13/38**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **NO.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify.....

(Signed) **Jo M. Orenstein**, M. D.

(Address) **5300^a Easton Ave.**

STATEMENT BY LICENSED EMBALMER

I, Willard E. Openhandler, Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Willard E. Openhandler
Licensed Embalmer No. 3669

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.)