

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27260
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1008

Registered No. 7274

2. PRINT FULL NAME Arnold Weinbach 512

(a) Residence, No. 1368 Semple 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Weinbach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9, 1879</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>11</u>
		DAYS
		<u>6</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Owner</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Poultry House</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
FATHER	13. NAME <u>Pincus Weinbach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>	
MOTHER	15. MAIDEN NAME <u>Vita (unk)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>	
17. INFORMANT <u>Morton Weinbach</u> (ADDRESS) <u>1368 Semple</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Emeth</u> DATE <u>8/16, 1938</u>		
19. FUNERAL DIRECTOR <u>H.B. Berger</u> (ADDRESS) <u>4715 McPherson</u>		
20. FILED <u>AUG 16 1938</u> <u>[Signature]</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 15, 1938
I last saw him alive on Aug 14, 1938. Death is said to have occurred on the date stated above, at 49 m.
The principal cause of death and related causes of importance were as follows:
Uremia -
Chronic nephritis
Hypertension

Other contributory causes of importance: [Signature]

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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. Alfred Peltzman, M. D.
(Signed) [Signature]
(Address) 75 000 Alvin St.

Date of onset

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. X12004

STATEMENT BY LICENSED EMBALMER

I, H. J. Berger, Licensed Embalmer No. 1597

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 H. J. Berger

Licensed Embalmer No. 1597

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.)