

REC'D FEB 10 1939

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

571

Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
 (b) Township..... 1003
 (c) City..... St. Louis (d) Street No..... 5823 Cote Brilliante 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.

Registered No..... 571

2. PRINT FULL NAME ²⁵⁵ Esther Weisman

(a) Residence, No..... 1329 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Weisman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS About 69	MONTHS ---	DAYS ---
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. At Home	
	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) Russia		
FATHER	13. NAME Eli Hammerman	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
17. INFORMANT Paul Weisman (ADDRESS) 5823 Cote Brilliante		
18. BURIAL CITY OR REMOVE PLACE Chesed Shel Emeth Jan. 19 1939		
19. FUNERAL DIRECTOR (NAME) Helman Rindskopf (ADDRESS) 5216 Delmar Blvd.		
20. FILED JAN 18 1939 J. B. Budeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 18** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15 1939** to **Jan 18 1939**
 I last saw her alive on **Jan 19 1939** Death is said to have occurred on the date stated above, at **2:30 A. M.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma Pancreas Date of onset **Nov 15 1939**

Other contributory causes of importance **H6 J**

Name of operation **abd exploration** Date of **12-12-38**
 What test confirmed diagnosis? Was there an autopsy? **760**

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? **760**
 If so, specify
 (Signed) **Chas. Hill**, M. D.
 (Address) **5216 Delmar Blvd.**

STATEMENT BY LICENSED EMBALMER

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

or by

Registered Apprentice No., working under my personal supervision.

Signed

Char W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.)

If this body is not embalmed, above space should be left blank.