No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33961

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8658

FILED NOV 16 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4628 Lewis Pl.. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4628 Lewis Pl. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emanuel Weil

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 27 (Day) 1873 (Year)

8. AGE: Years 67 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Lawyer 6

11. Industry or business 1

FATHER
12. Name Raphael Weil 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johannah [redacted] Pfeiffer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Moses Weil
(b) Address 4628 Lewis Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) OCT 21 1940 (Date received local registrar) (b) J. F. Budesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-11, 1940 to 10-18, 1940
that I last saw him alive on 10-18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	3 days
Due to Influenza	7 "
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. B. Jacobi Jr. (M. D. or other)
Address 3320 Lo Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. 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, fact should be so stated above.