No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40492

JAN 15 1947

Registration District No. 7

Primary Registration District No. 1003

Registrar's No. 10262

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

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 36 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4766 EASTON
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 46 years.

3. (a) PRINT FULL NAME ANNIE WEINBERG (WEINBERGER)

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JACOB WEINBERG

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

7. Birth date of deceased UNK. (Month) AB. (Day) 1882 (Year)

8. AGE: Years AB. 58 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) HUNGARY (State or foreign country)

10. Usual occupation AT HOME 7

11. Industry or business 7

MOTHER FATHER
12. Name LOUIS HIRSCHKOWITZ 7
13. Birthplace (City, town, or county) HUNGARY (State or foreign country)

MOTHER
14. Maiden name JENNIE (UNK)
15. Birthplace (City, town, or county) HUNGARY (State or foreign country)

16. (a) Informant JACOB WEINBERG
(b) Address 4766 EASTON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/15/1940 (Month) (Day) (Year)
(c) Place: burial or cremation BNAI AMOONA

18. (a) Signature of funeral director H. B. BERGER
(b) Address 4715 McPHERSON

19. (a) DEC 13 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 8, 1940, to December 12, 1940; that I last saw her alive on Dec. 12, 1940 8:45 p.m. and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated hernia, femoralis-right

Due to See above

Due to

Other conditions (1) Gangrene of bowels
(Include pregnancy within 3 months of death)
(2) Hypostatic pneumonia Bronchial

Major findings: (3) Cardio vascular disease - hyper tension

Of operations

Of autopsy

Duration

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 Elmer Richman (M.D. or other)

Address 634 N. Grand Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

Elmer Richman

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.....

Licensed Embalmer No. 1597

P. O. Address.....

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.