

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26188

FILLED AUG 8 1941

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 1436

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

1. PLACE OF DEATH
 (a) County Madison
 (b) City or town St. Louis W. City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 6314 S. Rosebury
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis W. City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6314 S. Rosebury
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 35 years

3. (a) PRINT FULL NAME Mamie Weber
 (b) If veteran, name war no (c) Social Security No. no
 4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 (b) Name of husband or wife Dr. Sol Weber (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 24, 1901
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 7
 year 1941 hour 10:45 minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 1941, to July 7, 1941
 that I last saw her alive on July 7, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
40 4 13 hr. min.
 9. Birthplace Satanov Podolsk U.S.S.R.
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Immediate cause of death several circumstances
 Due to Cancer of both lungs
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 478
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER {
 12. Name Abraham Spizel
 13. Birthplace U.S.S.R. 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Mollie Jasper
 15. Birthplace U.S.S.R. U
 (City, town, or county) (State or foreign country)
 16. (a) Informant Dr. Soll Weber
 (b) Address 6314 S. Rosebury
 17. (a) burial (b) Date thereof 7/9/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bnai Amoona Cemetery
 18. (a) Signature of funeral director Charles Margolis
 (b) Address 4715 N. T. Pearson Ave
 19. (a) Jul 8 1941 (b) Dr. Soll Weber
 (Place of local registrar) (Registrar's signature)

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 Dr. J. S. ... (M. D. or other) 0
 Address Miss. Clark Bldg Date signed July 8-41

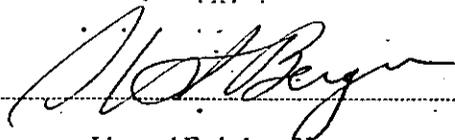
Duration
 Underline the cause to which death should be charged statistically.

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.....

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.