

FILED MAY 13 1942 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town \_\_\_\_\_  
 (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 \_\_\_\_\_ (Specify whether)  
 years, months or days

3. (a) PRINT FULL NAME Anna Weinfass

3. (b) If veteran, name war no  
 3. (c) Social Security No. 498-10-9119

4. Sex female 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: April 13, 1914  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>0</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation: Bookkeeper

11. Industry or business: Furniture Store

12. Name: Joseph Weinfass

13. Birthplace: Austria  
 (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Herman  
 (City, town, or county) (State or foreign country)

15. Birthplace: Hungary  
 (City, town, or county) (State or foreign country)

16. (a) Informant: J. Weinfass

(b) Address: 4623 a Vernon

17. (a) burial (b) Date thereof: 5/6/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director: 4715 Mc Pherson  
 (b) Address: \_\_\_\_\_

19. (a) MAY 6 1942 (b) J. J. Brack  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: DOU  
 (c) City or town: St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 4623 a Vernon  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
 year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 22, 1934, to May 4, 1942  
 that I last saw her alive on May 4th, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. glomerulo-nephritis with nephrosis, pneumonia with pleurisy and effusions.  
 Duration: 4 days

Due to: 131

Due to: \_\_\_\_\_

Other conditions: Impending uremia  
 (Include pregnancy within months of death)

Major findings: 131  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury: ?

23. Signature: Bluer Reiter (M. D. or other)  
 Address: 634 N. Grand Date signed: 5/5/42

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

MOTHER FATHER

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**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.**