

APR 15 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 644

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Berliner Nursing Home (Ashby & Thorp)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5620 Julian (If rural, give location)
(e) Citizen of foreign country? LO (Yes or No)
If yes, name country 60 years

3. (a) PRINT FULL NAME

Charles Weissman

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower widower

6. (b) Name of husband or wife Rose Weissman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 15, 1887
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Kamenetz Podolsk USSR
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Gnl Mase
11. Industry or business Retired for 20 years

MOTHER FATHER { 12. Name Simon Weissman
13. Birthplace USSR
14. Maiden name Rebecca (unk)
15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Weissman
(b) Address 5728 Cates Ave.

17. (a) burial (b) Date thereof 3/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona Berger Memorial

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

19. (a) MAR 19 1943 (b) W. F. Flourmont
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1943 hour 2 minute 30 PM

21. I hereby certify that I attended the deceased from Mar 1-43
to Mar 17 1943
that I last saw him alive on Mar 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ??

Due to
Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy — 6/20

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? 6 (Specify type of place) (c) Means of injury 0

23. Signature W. F. Flourmont (M. D. or other) W.F.
Address 6704 W. Flourmont Date signed Mar 18/43

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

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.