

LED JUL 24 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 4 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
9

(d) Street No. 3531 Cozens 21
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Weinestock

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race C 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 2 16 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>4</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Porter

11. Industry or business _____

12. Name JULIUS WEINESTOCK

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

14. Maiden name ELIZABETH CASSAWAY

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

16. (a) Informant Bessie Weinestock

(b) Address 3531 Cozens Ave

17. (a) BURIAL (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bessie Love

(b) Address 3103 Washington

19. (a) JUL 14 1943 (b) St. Louis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12,
year 1943 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from March
8, 1943 to July 12, 1943
that I last saw him alive on July 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 S. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 7/12/43

Duration Unk.
PHYSICIAN
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 Arthur R. Hollard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Garfield

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.