

FILED DEC 12 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County N. Lewis

(b) City or town Pratt, N. Lewis and Townships  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM  
(If not in hospital or institution, write street and city or town)

(d) Length of stay: In hospital or institution 6 1/2 months  
(Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton (If outside city or town limits, write "RURAL") 2

(d) Street No. 8006 Seminole (If rural, give location) 3

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Weitzman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife Nathan Weitzman

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

7. Birth date of deceased unknown

8. AGE: Years about 71 Months -- Days --

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Nettie Weitzman

(b) Address 8006 Seminole

17. (a) Burial (b) Date thereof 11-28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindshopf

(b) Address 5216 Delmar Blvd.

19. (a) DEC 1 1944 (b) E. H. McLauran  
(Date of local filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day twenty-seven  
year 1944 hour ten minute 25 A.M.

21. I hereby certify that I attended the deceased from May seven  
1944 to Nov. twenty-seven 1944  
and that death occurred on the date and hour stated above.

that I last saw h. or alive on Nov. twenty-seven 1944.

Immediate cause of death: arteriosclerotic heart disease  
Hypertension

Duration since years

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

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

Other conditions: \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Alis Simon (M. D. or other) \_\_\_\_\_

Address JEWISH SANATORIUM

Date signed 11/27/44

DEC 13 1944

**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.....

*No Embalming*

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.**