

S. No. 2
M-5-43
5-17-39
X36671

FILED 378 1 1945

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5733 McPherson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gersh Weldt

3. (b) If veteran, name war no

3. (c) Social Security No. 494-26-1785

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Weldt

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
about 62			hr. _____ min.

9. Birthplace Brest Latovsk Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Shochet

11. Industry or business _____

MOTHER FATHER

12. Name Hillel Benedict Weldt

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Drill

(b) Address 6925 Columbia

17. (a) burial (b) Date thereof 9-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham. Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) **SEP 16 1945** (b) J. J. Bredenk.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5733 McPherson
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1945 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from October 26,
1942 to Sept. 14, 1945.
that I last saw him alive on Sept. 14, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Hypertension and Hypertensive Heart Disease

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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 Abig. Hinson (M. D. or N.M.D.) _____

Address 601 Humboldt Bldg. Date signed 9/14/45

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.