

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

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

THE STANDARD BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25846**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5855**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **1 1/2 years**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6318 Cates**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOSEPH WEINSTEIN**

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

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

6. (b) Name of husband or wife **Dora Weinstein**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **About 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 46 hr. min.

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

10. Usual occupation **Manager**

11. Industry or business **D & W Dress Mfg. Co.**

12. Name **Aaron David Weinstein**

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

14. Maiden name **Ida Weinstein**

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

16. (a) Informant **Mrs. Dora Weinstein**

(b) Address **6318 Cates Avenue, U.C.**

17. (a) **Removal** (b) Date thereof **7-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New York City**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson Avenue**

19. (a) **999 2 1846** (Date received local registrar)
J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**
year **1946** hour **3 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **4/15/46**
19....., to **7/1/46**, 19.....
that I last saw him alive on **7/1/46**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**
Duration **5 hrs**

Due to **coronary occlusion**

Due to **coronary sclerosis**

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

Major findings:
Of operations..... **PH**

Of autopsy.....
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).....
(b) Means of injury.....

23. Signature **Harford Phillips** (M.D. or other)

Address **117 N. Main** Date signed **7/2/46**

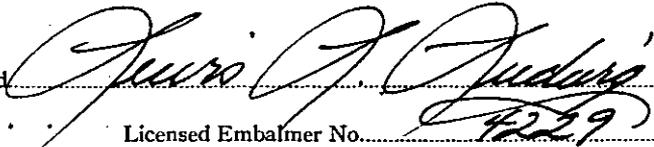
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
3
NR

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..... 7229

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.