

FILED NOV 12 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution:
Enroute to City Hospital 3

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME Mark Benjamin Weinberg

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-1862

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

6. (b) Name of husband or wife Minnie Weinberg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17, 1876

8. AGE: Years Months Days If less than one day

70 7 15 hr. min.

9. Birthplace Buffalo, New York

10. Usual occupation Meletio Sea Food

11. Industry or business Retired

12. Name ? Weinberg

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Poland

16. (a) Informant Maurice Weinberg

(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 11/5/46

(c) Place: National Cem Jefferson Barracks, MO.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 W. Chester Ave.

19. (a) NOV 4 1946 (b) J. J. Predeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis,

(d) Street No. 4066 Lindell

(e) Citizen of foreign country? _____ (Yes or No) _____

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2

year 1946 hour 1.15P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 2, 1945 to Nov. 1st, 1946

that I last saw him alive on Nov. 1st, 1946 and that death occurred on the date and hour stated above

Immediate cause of death Ayudin Platoris Duration _____

Due to _____

Due to _____

Other conditions _____

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? _____

(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 W. B. Bush (M. D. or other) _____

Address Nov 4-46 Date signed Nov 4-46

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.....

Florry Cynola

Licensed Embalmer No..... 1284

P. O. Address..... St. Louis, Mo.

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.