No. 300
10.48

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

FILED NOV 8 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

35732

State File No. 35732

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9379

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5786 Kingsbury

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2087
d. STREET ADDRESS (If rural, give location): 5786 Kingsbury

**3. NAME OF DECEASED** (Type or Print)
a. (First): SARAH
b. (Middle): JULIA
c. (Last): WEISSMAN

**4. DATE OF DEATH** (Month) (Day) (Year): 10-23-51

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 4-19-1887
**9. AGE** (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Riga USSR
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: David Rosinsky
**13b. MOTHER'S MAIDEN NAME**: Toby Rubinstein
**14. NAME OF HUSBAND OR WIFE**: Sam S. Weissman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME**: Sam S. Weissman
**ADDRESS**: 5786 Kingsbury

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Diagnosis confirmed at operation and by microscopic exam
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 155X

22. *I hereby certify that I attended the deceased from* June 25, 1951, *to* Oct 23, 1951, *that I last saw the deceased alive on* Oct 23, 1951, *and that death occurred at* 1:20a *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: W H Olmsted (Degree or title): M.D.
**23b. ADDRESS**: 3720 Washington
**23c. DATE SIGNED**: 10/23/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal
**24b. DATE**: 10-24-51
**24c. NAME OF CEMETERY OR CREMATORY**: Beth Ham Hag Cem
**24d. LOCATION** (City, town, or county) (State): Ladue Missouri

DATE REC'D BY LOCAL REG. OCT 24 1951
REGISTRAR'S SIGNATURE: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**
**ADDRESS**: Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 4229

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.