

STANDARD CERTIFICATE OF DEATH

State File No. **3447**
Registrar's No. **0706**

FILED FEB 14 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 48 yrs.		d. STREET ADDRESS (If rural, give location) 1438 E. Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hosp.			

3. NAME OF DECEASED (Type or Print) DORA WEINBERG			4. DATE OF DEATH (Month) (Day) (Year) 1/22/52		
a. (First)	b. (Middle)	c. (Last)	5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Unk		9. AGE (In years last birthday) ab 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (State or foreign country) Poland
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unk Fishel		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jos. S. Weinberg 6435 San Bonita	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with auricular fibrillation DUE TO (c) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days years years	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200	

22. I hereby certify that I attended the deceased from **1/18, 1952** to **1/22, 1952**, that I last saw the deceased alive on **1/22, 1952** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. S. Moulton		23b. ADDRESS 44 D. 6342 Grand		23c. DATE SIGNED 1/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/24/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth Cem	
				24d. LOCATION (City, town, or county) (State) University City Mo.	

DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE JAN 23 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 W. Cherson	
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lewis L. Ludwig

Licensed Embalmer No. *9229*

Signed.....

Student Embalmer

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.