

No. 300  
10.48

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

State File No. **10848**

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **153**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>Years</b> <b>4346</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7227 Amherst Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>34 7227 Amherst Avenue</b>	

3. NAME OF DECEASED (Type or Print) <b>JULIUS</b>	a. (First)	b. (Middle)	c. (Last) <b>WEINBERG</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 9, 1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR <b>3</b> Months	IF UNDER 24 HRS. <b>9</b> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tailoring</b>	11. BIRTHPLACE (State or foreign country) <b>London, England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Morris Weinberg</b>	13b. MOTHER'S MAIDEN NAME <b>Sophie Pizer</b>	14. NAME OF HUSBAND OR WIFE <b>Ann Weinberg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Julius Weinberg-7227 Amherst</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis abdomen (Pancreatic origin?)</b>		
	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 <b>157X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from **2 Jan, 1952** to **18 Jan, 1952**, that I last saw the deceased alive on **12 Jan, 1952**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>T. G. Colley</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>1/19/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-21-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rudolph</b>	ADDRESS <b>5216 Delmar</b>
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**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

*Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richman High No*

**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.