

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

3411
State File No. 0790

FILED FEB 2 1954

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5738 Cates Ave.</u>	
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		c. (Last) <u>WEISS</u>	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1954</u>	
5. SEX <u>0</u> <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Unknown</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		9. AGE (In years) (last birthday) Months Days Hours Mins. <u>Abt. 68</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Fur</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	
13a. FATHER'S NAME <u>Solomon Weiss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley Weiss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. Weiss-5738 Cates Ave.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis - Chr.</u>		<u>5 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - gen.</u>		<u>10 yrs.</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Wremia</u>		<u>2 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>592X</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 5, 1954</u> , to <u>Jan. 25, 1954</u> , that I last saw the deceased alive on <u>1/24, 1954</u> , and that death occurred at <u>2:05 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Cohen M.D.</u>		23b. ADDRESS <u>4500 Collins St.</u>	
23c. DATE SIGNED <u>1/25/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/26/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 25 1954</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc., 5216 Delmar</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Peter B. Duproule

Licensed Embalmer No. 3691

P. O. Address Henry 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.