

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6963

State File No. ....

BIRTH NO. FILE **MAR 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1419**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY 4346</b> d. STREET ADDRESS (If rural, give location) <b>7044 AMHERST AVE.</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>DAVID</b> b. (Middle) <b>WEINSTEIN</b> c. (Last) <b>WEINSTEIN</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEB. 14-1954</b>				
<b>5. SEX</b> MALE	<b>6. COLOR OR RACE</b> WHITE	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) MARRIED	<b>8. DATE OF BIRTH</b> <b>DEC. 31-1913</b>		<b>9. AGE</b> (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>14</b> Hours <b>14</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MFG.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>SHOE HEELS</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>LEON WEINSTEIN</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>IRENE B. WEINSTEIN</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>IRENE B. WEINSTEIN</b> <b>ADDRESS</b> <b>7044 AMHERST</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> Usual to animals Usual to humans <b>2 1/2 days ± 17 hrs</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypertensive-Cardiovascular Disease with Nephrosclerosis, renal failure</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>DIABETES MELLITUS</b>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> —	<b>19b. MAJOR FINDINGS OF OPERATION</b> — no op.	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) —	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) —	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> — — —
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) — — — —	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> — — — — <b>260X</b>
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**22. I hereby certify that I attended the deceased from** for sev. years, 19—, to time of death, 19—, that I last saw the deceased alive on 2/13, 1954, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>Edward Fleishman M.D.</i>	<b>23b. ADDRESS</b> 462 N Taylor St. Mo	<b>23c. DATE SIGNED</b> 2/15/54
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Removal	<b>24b. DATE</b> 2/16/54	<b>24c. NAME OF CEMETERY OR CREMATORY</b> B'Nai Amoona Cem.	<b>24d. LOCATION</b> (City, town, or county) (State) St. Louis County, Mo.
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<b>DATE REC'D BY LOCAL REG.</b> FEB 15 1954	<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith, M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> Herman Rindskopf, Inc., 5216 Delmar
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G.P. (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

*Peter B. Dubroviak*

Licensed Embalmer No.

*3691*

P. O. Address

*St. Louis, Mo*

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.