

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6966**
Registrar's No. **1090**

BIRTH NO. **FILED MAR 5 1954** 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7117 Delmar Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) MARGARET		a. (First) B.	b. (Middle) WEISMAN	c. (Last)	4. DATE OF DEATH FEB. 2, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 15, 1906	9. AGE (In years last birthday) 47	10. IF UNDER 1 YEAR Months 3 Days 18
10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Dress		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Weisman		13b. MOTHER'S MAIDEN NAME Anna Horwitz		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Dr. Sol Weisman-4500 Olive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 mos.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gall bladder		DUE TO (b) Hypertension	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 ----		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? 155X	

22. I hereby certify that I attended the deceased from about 1951, to 2/1/54, 1954, that I last saw the deceased alive on 2/1/54, and that death occurred at 7:15 AM, from the causes and on the date stated above.

23a. SIGNATURE Leah Otlieb		(Degree or title) M.D.		23b. ADDRESS 457 N. Kingshighway, St. Louis		23c. DATE SIGNED 2/2/54	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 2/4/54		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. FEB 3 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar		ADDRESS	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert B. Dubrouille

Licensed Embalmer No.

3691

P. O. Address

St Louis 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.