

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3228**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0327**

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 town or township) St. Louis		c. CITY OR TOWN Ladue <i>443 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		STREET ADDRESS (If rural, give location) 700 S. Price Road	

3. NAME OF DECEASED (Type or Print) a. (First) BEN	b. (Middle)	c. (Last) WEISMAN	4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 24 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Executive-Union, May, Stern	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hilda Weisman
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Weisman-700 S. Price Road	ADDRESS 700 S. Price Road
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH June 1954
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561
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22. I hereby certify that I attended the deceased from **5/27**, 19**54**, to **1/12**, 19**55**, that I last saw the deceased alive on **1/12**, 19**55**, and that death occurred at **7:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward Messer M.D. (Degree or title)	23b. ADDRESS 457 N. Kingshighway	23c. DATE SIGNED 1/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/14/55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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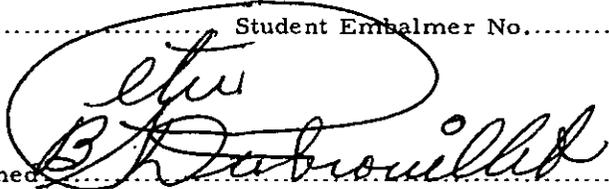
DATE REC'D BY LOCAL REG. JAN 13 1955	REGISTRAR'S SIGNATURE J. C. Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc.	ADDRESS 5216 Delmar Bl
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.