

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN University City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7019 Dartmouth Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
 (Type or print) SAMUEL S. WEISSMAN Nov. 6, 1961  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 2/15/1883 9. AGE (last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Retail Wear 11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME Chas. Weissman 13b. MOTHER'S MAIDEN NAME Rose (unk) 14. NAME OF HUSBAND OR WIFE Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unk. 17. INFORMANT Address Jerome Weissman 38 Price Woods

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage  
 DUE TO (b) Hypertension  
 DUE TO (c) Atherosclerosis  
 Conditions, if any, which gave rise to above cause, stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH 2 days  
 years

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/4/61 to present and last saw her alive on 11/5/61  
 Death occurred at about 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.E. Schechter M.D. 22b. ADDRESS 8000 Bonhomme 22c. DATE SIGNED 11/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 23b. DATE 11/7/61 23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol 23d. LOCATION (City, town, or county) Ladue, Mo. (State)

24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson D. ADDRESS 25. DATE RECD. BY LOCAL REG. NOV 7 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 *Quinn J. Anderson*  
Licensed Embalmer No. 4259

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.