

FILED APR 7 1944/49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1348

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community since 1903
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 807 West 48th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs, Laura Stein Weil

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph Weil 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: February 11 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER { 12. Name Siegmund Stein,
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Julia Rothschild,
15. Birthplace unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Sigt

(b) Address 1514 West 48th St., K. C., Mo.

17. (a) Burial (b) Date thereof 3-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-25-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1944 hour 12:45 minute 8 M.

21. I hereby certify that I attended the deceased from July 3, 1942
to March 24, 1944
that I last saw him alive on March 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Breast with general metastases
Diabetes
arterio-sclerosis
Duration 1 year
10 yrs
many

Due to 50
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature A. Sophie (M. D. or other)
Address March 25/44 Date signed

Dr. A. Sophian

By *Robert F. Plank*

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address. *K. C. Mo*

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

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