

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8148
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township _____ Primary Registration District No. _____ Registered No. 356
 (c) City University City (d) Street No. 6616 Enright St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Philip Meyerson 625
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Meyerson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
ab 73

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sewing Machines
 9. Industry or business in which work was done, as saw mill, bank, etc. Dealer
 10. Date deceased last worked at this occupation (month and year) 1938
 11. Total time (years) spent in this occupation _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaunas Lithuania 7
 13. NAME Meyer Kalanimos Meyerson 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania 7

MOTHER

15. MAIDEN NAME Sarah Yenta 7
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

17. INFORMANT M. C. Meyerson
 (ADDRESS) 6327 Alexander Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb. DATE 2/25/38

19. FUNERAL DIRECTOR H. B. Berger
 (ADDRESS) 4715 McPherson

20. FILED 224 38 R. Meyer M. D. P.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Feb 23, 1938
 I last saw him alive on Feb 23, 1938 Death is said to have occurred on the date stated above, at 11:58 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
hypostatic
93 W
 Other contributory causes of importance:
Mitral Regurg
with dilatation
 Date of onset 1938
Feb 21
35 yrs
Post 1/2

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Examinations Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John C. Brown M. D.
 (Address) 457 S. Washington Ar.

STATEMENT BY LICENSED EMBALMER

I, H.I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 1597

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