

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

4577
 Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County St Louis Mo Registration District No. 791
 (b) Township 1003 Primary Registration District No. 1003
 (c) City St Louis Mo (d) Street No. 1333 a Bayard Ave Registered No. 1270
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 25 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1333 a Bayard Ave St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Esther Singer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1892
 7. AGE YEARS 46 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Maker
 9. Industry or business in which work was done, as saw mill, bank, etc. Repairing Shoes
 10. Date deceased last worked at this occupation Feb 6 1939 11. Total time (years) spent in this occupation 26 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Russia

13. NAME

Yusineel Singer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Russia

15. MAIDEN NAME

Charlie Machan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Russia

17. INFORMANT (ADDRESS)

Mrs Esther Singer
1333 a Bayard Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Church of the Redeemer DATE Feb-9 1939

19. FUNERAL DIRECTOR (ADDRESS)

Oranlander Funeral Home
4469 Washington Blvd.

20. FILED FEB 9 1939

J. B. Beddick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Feb 7, 1939
 Last saw him alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
myocarditis, Chronic
July 1938

Other contributory causes of importance:

High blood pressure

Name of operation 0 Date of 0
 What test confirmed diagnosis? Phy G 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? _____
 If so, specify _____
 (Signed) J. S. Horner, M. D.
 (Address) 490 B Delaware St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. Z. Overhandler, Licensed Embalmer No. 3669

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

..... L. E.

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

Signed W. Z. Overhandler
Licensed Embalmer No. 3669

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.)