

DEED MAR 16 1939

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

5996
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 216
(c) City St. Joseph (d) Street No. MISSOURI METHODIST HOSPITAL 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 34 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Aaron Burnstein
(a) Residence, No. 815 1/2 S. 8th. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Burnstein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Est. 76
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA
FATHER 13. NAME Peter Burnstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT Louis Burnstein
(ADDRESS) Platte City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shaare Sholem DATE 3/5/1939
19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.
(ADDRESS) 1946 Calhoun St. Joseph, Mo.
20. FILED MAR 4 - 1939 AP. Westphal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/1939
22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1939, to 3-4, 1939
I last saw him alive on 3-3-39, 19... Death is said to have occurred on the date stated above, at 5:30AM
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset 3-4-39
Strangulated Femoral Hernia Left 3-1-39
Name of operation Reduction of Strang. Hernia Date of 3-5-39
What test confirmed diagnosis? clinical Was there an autopsy? no
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) Irwin J. Rosenthal, M. D.
(Address) Central Bldg 37 Joseph Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me,~~ *not embalmed*

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St. Joe, Mo.

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 this body is not embalmed, above space should be left blank.