

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JUL 11 1939

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

21564
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. Mo. Meth. Hospital Registered No. 599
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAR MAUER FINE
 (a) Residence, No. 903 N. 6th 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 DORA FINE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. ? 1864

7. AGE YEARS Est. 75 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. JEWELER
 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) KAUNA, RUSSIA

FATHER
 13. NAME UNKNOWN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT AOE KAPLAN
 (ADDRESS) 4833 JARSOE KANSAS CITY, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE SHARPE SHOLEM DATE JUNE 13th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1946 CALHOUN ST. ST. JOSEPH, Mo.

20. FILED JUNE 13, 1939 J. H. Woodlusk
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 12, 1939. I first saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thromb. June 14, 1939
 Date of onset

Other contributory causes of importance:
Neph. Chr. gen. Hypertension

Name of operation none Date of no
 What test confirmed diagnosis? clear 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 Death due to injury
 (Signed) Frank N. Anderson, M. D.
 (Address) St. Joseph, Mo.

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.....

Licensed Embalmer No. *3956*

P. O. Address *St. Joseph*

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.