DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 0 AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 23617

Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 5890

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton NR
(If outside city or town limits, write "RURAL")

(d) Street No. 6454 San Bonita
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Harold J. Meyerson 625

3. (b) If veteran, name war —

3. (c) Social Security No. 488-01-9518

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 4 (Day) 1906 (Year)

8. AGE: Years 33 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Ft. Worth, Texas (City, town, or county) _____ (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Clothing

FATHER
12. Name Louis Meyerson
13. Birthplace Germany (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Sarah Joachim
15. Birthplace St. Louis, Mo. (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Louis Meyerson

(b) Address 6454 San Bonita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1939 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan _____, 1938, to July 2, 1939 that I last saw him alive on July 1, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomas, naso-pharynx	18 mo
Due to	
Due to	
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Llewellyn Sale (M. D. or other)

Address 4500 Olive Date signed 7/3/39

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

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

working under my personal supervision.

Signed Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmi

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

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