

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 14 1939 791
Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30807
Registrar's No. 7870

Primary Registration District No. _____

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 35 Years
years, months or days)

8. (a) PRINT FULL NAME Louis Passen 250
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Passen 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased 1 - 20 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Mohilev U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor 7

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Passen
13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)
14. Maiden name Sima Naomi
15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Passen
(b) Address 5980 Page Ave

17. (a) burial (b) Date thereof 9/12/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Meth

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) SEP 12 1939
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5980 Page _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1939 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from 9/11 to 9/14, 1939
that I last saw him alive on 9/11, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 days
Due to _____
Due to _____
Other conditions Myocardial infarction
(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? _____

While at work? _____ (Specify type of place) (or) Means of injury _____

23. Signature Louis Cohen (M. D. or other) _____
Address Foster Mldy. St Louis Date signed 9/12/39

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.....

H. I. BERGER

Registered Apprentice No.....

working under my personal supervision.

H. I. Berger

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

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.