

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

**791  
1008**

34473  
Do not use this space.

1. PLACE OF DEATH **DEPT NOV 13 1939**

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. ....

(c) City **St. Louis** ..... (d) Street No. **Jewish 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sam Geller 460**

(a) Residence, No. **1922 Semple** ..... St. **6** **Miriam Geller** .....  
(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 **Married**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Miriam Geller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **not known**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**about 60**

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**

9. Industry or business in which work was done, as saw mill, bank, etc. **pedlar PEDDLER**

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
**not known**

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

FATHER

13. NAME **unknown**

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

MOTHER

15. MAIDEN NAME **unknown**

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

17. INFORMANT (ADDRESS) **Miriam Geller 1922 Semple**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cheverrath Kadisha 10.23.39**

19. FUNERAL DIRECTOR (ADDRESS) **H. Rindskopf 5216 Delmar**

20. **OCT 23 1939** 19 **J. B. Bruders** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 22 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 1**, 19**39**, to **Oct. 22**, 19**39**  
I last saw him alive on **Oct. 22**, 19**39**. Death is said to have occurred on the date stated above, at **2:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Terminal pulmonary edema** Date of onset **Oct. 22**  
**Cardiac failure**  
**Bronchopneumonia** **Oct. 7**  
**Carcinoma of the head of the pancreas** **?**

Other contributory causes of importance:

Name of operation **Cholecystogastrostomy** Date of **Oct. 15 39**  
What test confirmed diagnosis? ..... 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) **S. Schneider**, M. D.  
(Address) **216 S. Kingshighway**

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.

90M-7-20-37  
1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *A. W. Parker* \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**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.)**