

DEC 17 1939  
791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: **1003**  
 (a) County \_\_\_\_\_  
 (b) City or town **ST. LOUIS, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **FIRMIN DESLOBE HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 MO., 10 DAYS**  
 (Specify whether years, months or days) **18 years**  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: **1**  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St Louis**  
 (If outside city or town limits, write "RURAL") **17**  
 (d) Street No. **4604 Reimberry Terr**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **40** years.

3. (a) PRINT FULL NAME **MAX LEIBOVITZ 113**  
 (b) If veteran, name war **no**  
 (c) Social Security No. **no**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **NOVEMBER** day **21**  
 year **1939** hour **5** minute **10 A.M.**

4. Sex **male** 5. Color of race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Mrs Pearl Leibovitz**  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Unknown**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **JULY 1**, 19**39**, to **NOVEMBER 21**, 19**39**; and that death occurred on the date and hour stated above.

8. AGE	Years	Months	Days	If less than one day
<b>about 65</b>	<b>-</b>	<b>-</b>	<b>-</b>	hr. _____ min.

Immediate cause of death.  
**UREMIA**  
**CARDIAC DECOMPENSATION**  
 Due to **HYPERTENSIVE CARDIO-VASCULAR-RENAL DISEASE.**  
 Due to \_\_\_\_\_

Duration  
**UNCERTAIN**  
**UNCERTAIN**  
**UNCERTAIN**

9. Birthplace **Rumania**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Painter**  
 11. Industry or business **Home Painter**  
 12. Name **Unknown**  
 13. Birthplace **Rumania**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

Other conditions **PROSTATECTOMY - 1938**  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations **NONE**  
 Of autopsy **NONE**

PHYSICIAN  
 Underline the cause to which death should be charged statistically

MOTHER FATHER  
 16. (a) Informant's own signature **Sam Leibovitz**  
 (b) Address **4604 Reimberry Terr**  
 17. (a) **Burial** (b) Date thereof **Nov 22 - 39**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Cheser Shel Smith**  
 18. (a) Signature of funeral director **W.B. Dismore**  
 (b) Address **446 1/2 W. Adams St**  
 19. (a) **NOV 21 1939** (b) **J.H. Beckwith**  
 (Date received local health officer's certificate) (Signature of health officer)

22. If death was due to external causes, fill in the following: **No.**  
 (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) (e) Means of injury \_\_\_\_\_  
 23. Signature **George Oppenheimer** (M. D. or other) **MD**  
 Address **1325 S. GRAND BLVD** Date signed **11/24/39**

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.

**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

*W B Benkard*

Registered Apprentice No.

working under my personal supervision.

Signed

*W B Benkard*

Licensed Embalmer No. *3669*

P. O. Address *4469 Washington*

**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.**