

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

**39602**  
Do not use this space.

59  
3  
6

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 400 W. Chase St. 821  
 (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 162 Morris Efros

(a) Residence, No. 400 W. Chase 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>Est.</u>	<u>66</u>			

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

22. 11/11 I HEREBY CERTIFY, That I attended deceased from 11/11, 1939, to 11/12, 1939  
 I last saw h. in alive on 11/12, 1939. Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Coronary Occlusion  
Arterio-Sclerosis  
Atherosclerosis

Other contributory causes of importance:  
None

Name of operation None Date of .....  
 What test confirmed diagnosis? None Was there an autopsy? No

Date of onset 11/12/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

FATHER 13. NAME Meyer Efros 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

MOTHER 15. MAIDEN NAME Unknown 7

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

17. INFORMANT Harry Efros  
 (ADDRESS) Providence, R. I.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Providence R. I. DATE Nov. 13 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer  
 (ADDRESS) Springfield, Mo

20. FILED Nov 13 1939 Chas. A. George MD  
 Legal Registrar.

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) Chas. A. George MD, M. D.  
 (Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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. *2457*

P. O. Address *Blue Bell*

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

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

X