S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23185

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5630

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township) 3

(c) Name of hospital or institution: Enroute Jewish Hosp in City Ambulance (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6 (If outside city or town limits write "RURAL")

(d) Street No. 1418 Blackstone (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME William Sofer 160

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Ida Sofer

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

7. Birth date of deceased Mar. 15, 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Volhynia Poland (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation Dealer (own business) 7

11. Industry or business Fruit & Vegetables

FATHER 12. Name Joseph Sofer 7

13. Birthplace Poland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Baila (unk)

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Sofer

(b) Address 1418 Blackstone

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/2/40 (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H.B.Berger

(b) Address 4715 McPherson

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/25/40, 19..., to 6/18/40, 19...; that I last saw him alive on 6/18/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis & hypertension cardio-vascular disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 L. M. Katzen, MD (M. D. or other)

Address Jewish Hospital Date signed 7/1/40

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1943

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. 157

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.