No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23916 6361

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1430 E Grand 2

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1430 E. Grand (If rural, give location)

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

3. (a) PRINT FULL NAME Meyer Scissors 262

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 Widowed

6. (b) Name of husband or wife Fannie Scissors

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

7. Birth date of deceased not known (Month) (Day) (Year)

8. AGE: Years About 88 Months Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Taylor

FATHER

12. Name Nathan Scissors

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Dave Scissors

(b) Address 2236 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Lindhoff

(b) Address 5216 Delmar

19. (a) JUL 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 29 day 1940 year hour 5 minute A M.

21. I hereby certify that I attended the deceased from June, 1940, to 7/24, 1940 that I last saw him alive on 7/24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	?
Due to: Cerebral Arteriosclerosis	?
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Segaloff M.D. (M. D. or other)

Address 622 Ferguson Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

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.....

P. O. Address.....

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

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