

No. 2
11-10-39
5-17-39
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FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26337**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1266**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Rural - Robertson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 mo., 11 days.**
(Specify whether
In this community **about 60 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3652 So. Jefferson Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **56** years.

3. (a) PRINT FULL NAME **SIGMUND SALOMONSKY**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **July 25, 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	10	hr. min.

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

10. Usual occupation **City Employer**

11. Industry or business **Street Dent (st. Louis)**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Louis Salomon**

(b) Address **725 Syracuse St**

17. (a) **Burial** (b) Date thereof **7/9/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive (Jewish)**

18. (a) Signature of funeral director **Wage**

(b) Address **4356 Lindell Blvd**

19. (a) **JUL 6 - 1940** (b) **R. M. Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**
year **1940** hour **8:40** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan. 26,**
1940 to **July 5,** 19**40**
that I last saw him alive on **July 5,** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Bronchopneumonia
generalized arteriosclerosis**

Due to _____

Due to _____

Other conditions **107a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

707
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Alvin Simpson** (M. D. or other)!

Address **Robertson, Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6

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 Albert H. Hoppe

Licensed Embalmer No. 1861

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.