

SEP 25 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **6511**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Peter Dorfmont **615**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachael 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 72 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Retail Ready To Wear

12. Name Unknown

13. Birthplace Russia **7**  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Dorfmont

(b) Address 872 Vasser

17. (a) Burial (b) Date thereof 8-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem

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

(b) Address 5216 Delmar

19. (a) AUG 1 1940 (b) J. F. Bredeck  
(Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis **25**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1725 Franklin  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st  
 year 1940 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 31  
 1940 to Aug 1 1940  
 that I last saw him alive on July 31 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebrina of brain

Due to Cerebrina of color Primary  
(Cereum)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H/O

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?  
While at work? **444**

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Reviel Johnson (M. D. or other) **MD**  
 Address 634 N. Grand Date signed Aug 1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Ches W. Cooper*

Licensed Embalmer No.....

*3830*

P. O. Address.....

*5216 Delma*

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

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