No. 2
-13-40
-17-39
X23159

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. 36801

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9074

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Orthodox Old Folks Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) In this community 19 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1438 E. Grand (If rural, give location)

(e) If foreign born, how long in U. S. A.? 19 years.

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3. (a) PRINT FULL NAME Elijah Tolsorukoff

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 widowed

6. (b) Name of husband or wife Frieda Tolsorukoff

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

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

8. AGE: Years ab. 92 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Salesman (retired)

11. Industry or business

FATHER
12. Name Zalman Tolsorukoff
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name (unk)
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Nathan Handlin
(b) Address 6700 Page

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson

19. (a) NOV 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1940 hour 6:35 minute a M.

21. I hereby certify that I attended the deceased from June 3, 1940, to 11/2, 1940, that I last saw him alive on 11/2/40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease ?

Due to

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 E. Sofaloff Md (M. D. or other)
Address 622 Ind. Club Bldg Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.