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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. 40525

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10296

1. PLACE OF DEATH:
(a) County
(b) City or town 5736 Westminster (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 27 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. 5736 Westminster (If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 years.

3. (a) PRINT FULL NAME Morris Birenbaum
3. (b) If veteran, name war no
3. (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 Celia Birenbaum
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt 65			hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Peddler
MOTHER FATHER
12. Name Rivan Birenbaum
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Rifka
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Sal Birenbaum
(b) Address 6412 Alamo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Radysha
18. (a) Signature of funeral director O. Denhandler
(b) Address 4469 Washington
19. (a) DEC 16 1940 (Date received local registrar) (b) J. M. Bredect (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1940 hour 10:30 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 15/40 7:30 a.m., 19..., to Dec. 15/40 10:30, 19 a.m. that I last saw him alive on Dec. 15, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs.
Due to Hypertension	
Due to Accident (fell down steps)	
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) accident
(b) Date of occurrence 12-15-1940
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury stairs slipped on
23. Signature Harold Fried (M. D. or other)
Address 703 University Bldg Date signed 12/16/40

(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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.