No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 713

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 713

**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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 31 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 000

(c) City or town St. Louis 18 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4052a Manchester 8 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 31 years. 0

3. (a) PRINT FULL NAME CHIAM ZALMAN PLAY

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Plax

6. (c) Age of husband or wife if alive 62 years

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

8. AGE: Years Abt. 60 Months Days If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Shoes

MOTHER FATHER

12. Name Joseph Plax

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

14. Maiden name Nechama

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

16. (a) Informant Sarah Plax

(b) Address 4052a Manchester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Chas Chandler

(b) Address 4469 Washington

19. (a) JAN 22 1941 (Date received by registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 22 year 1941 hour 3 40 minute a. M.

21. I hereby certify that I attended the deceased from October 12, 1940, to Jan 22, 1941; that I last saw him alive on Jan 22, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Bronchopneumonia | 3 days |
| Due to: | |
| Due to: Carcinoma of Stomach with metastasis to liver | 6 mo? |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Carcinoma of Stomach with metastasis to liver
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 0

23. Signature Joseph Magidson (M. D. or other) MD

Address 1520 Wright Date signed Jan 22 1941

(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

Mysel, Registered Apprentice No.

working under my personal supervision.

Signed H. B. Reinhardt

Licensed Embalmer No. 3669

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.**