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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4967

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1215

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 8 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. 5728 Westminster
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME David Rezits
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Rezits
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years about 75 Months --- Days -- If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) Russia (State or foreign country)
10. Usual occupation Retired
11. Industry or business Baker
MOTHER FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) Russia (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Russia (State or foreign country)
16. (a) Informant Mrs. Anna Lanznar
(b) Address 5728 Westminster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bhesed Shel Emeth
18. (a) Signature of funeral director Herman Rendkopf
(b) Address 5216 Delmar Blvd.
19. (a) FEB 6 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1941 hour 10:25 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan. 28, 1941, 19____, to Feb. 5, 1941, 19____; that I last saw him alive on Feb. 5, 1941 at 10:00 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia acute — Duration
pulmonary congestion
acute dilatation of stomach
Due to prostatic hypertrophy chronic
myocarditis acute
Due to senility

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) _____
(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 Henry E. Rosenberg (M. D. or other) Henry E. Rosenberg M.D.
Address 4503 Page Blvd. Date signed 2/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delman

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

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