

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1587A

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 757

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6401 North Drive
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, 2e City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6401 North Drive.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME David Chorlinsky.

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 Married

6. (b) Name of husband or wife Jennie Chorlinsky 6. (c) Age of husband or wife if alive 64 years

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

8. AGE: Years Months Days If less than one day
About 70 -- -- hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Jennie Chorlinsky

(b) Address 6401 North Drive

17. (a) Burial (b) Date thereof 4-7-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman Rands Kapf

(b) Address 5216 Delmar

19. (a) APR 7 1941 (b) A R Meyer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 6th, 1941
 year hour 3:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from August 1935, 191935, to April 6, 1941, 191941; that I last saw him alive on April 6, 1941, 191941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myo-carditis, with chronic asthma, since Aug. 1935. Duration _____

Due to _____

Due to _____

Other conditions: Chronic interstitial nephritis, with hypertension, 1312 Aug. 1935.

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. J. Gaine M. D. (Seal) Address 320 Metropolitan Bldg Date signed 4/7/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Delmar*

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, above space should be left blank.