

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15948 ✓

State File No. _____

Registration District No. 787

Primary Registration District No. 200

Registrar's No. 877

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Ferdinand, Pettis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 179
(d) Street No. 4774 Newberry Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years

8. (a) PRINT FULL NAME Fisheh Wishnuff

8. (b) If veteran, name war none 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 Katie Wishnuff 6. (c) Age of husband or wife if alive unknown years

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

8. AGE: Years Months Days If less than one day
Ab. 68 hr. min.

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

10. Usual occupation Retired
11. Industry or business Furniture Salesman

MOTHER FATHER
12. Name Julius Wishnuff
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Mollie
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Jules Wishnuff
(b) Address 7705 Arthur Ave

17. (a) Burial (b) Date thereof 4/24/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

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

19. (a) APR 24 1941 (b) [Signature]
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 10, 1941, to April 23, 1941;
that I last saw him alive on April 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration

Due to pulmonary tuberculosis

Due to Diabetes mell

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Jewish Sanatorium Date signed 4/23/41

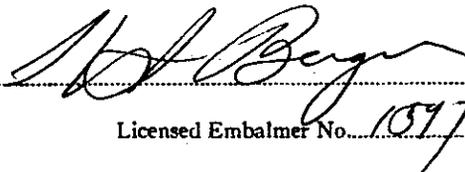
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No. 1097

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.