

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19123

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1135

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution General Slaughter
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months, 19 days
(Specify whether years, months or days)

In this community 10/10/40 - 5/29/41

8. (a) PRINT FULL NAME B. Benjamin Agruss

8. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (g) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Rose Agruss

6. (c) Age of husband or wife if alive Unknown 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 Volhynia Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Clothing

11. Industry or business Retired

12. Name Mordecai Agruss

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

14. Maiden name Fannie (Unk)

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

16. (a) Informant Harry Agruss

(b) Address 6034 Bartmer

17. (a) Burial (b) Date thereof 5/30/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 29 1941 (b) R. M. ... M.D. Ph.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 1438e Grand
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 47 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 2:55 minute 0 A.M.

21. I hereby certify that I attended the deceased from 10 1940 to May 29 1941
that I last saw him alive on May 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Duration 2 days

Due to Carcinoma of Esophagus?

Due to ...

Other conditions ...
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Esophagus

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 ... (M. D. or other) M.D.

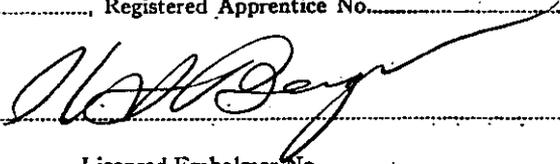
Address ... Date signed 5/29/41

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.....

..... 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, above space should be left blank.