

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH

30439

SEP 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7778

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1362a Clara (If rural, give location)
(e) Citizen of foreign country? 46 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1941 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Sept. 19
1941 to Sept. 27 1941;
that I last saw him alive on Sept. 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis Duration 8 days
Due to Hypertensive HT. Disease years

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature W. Rindkopf (M. D. or other) DMD
Address Jewish Hospital Date signed 9/27/41

3. (a) PRINT FULL NAME SAMUEL MOSS Mass
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 60 years

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

8. AGE: Years Months Days If less than one day
Abt. 65 _____ hr. _____ min.

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

10. Usual occupation: Shoe Maker
11. Industry or business: Shoe Repair

12. Name Schloma Zalmon Moss
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Duba Laha
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Lindy Moss
(b) Address 1019 Hamilton

17. (a) Burial (b) Date thereof 9-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Odenhauser
(b) Address 4469 Washington
19. (a) SEP 28 1941 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

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

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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.

Not Embalmed

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, fact should be so stated above.