S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32609

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2052

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

1. PLACE OF DEATH:

(a) County St. Louis Pattonville
(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs — 1 [illegible]
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 150
(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")
(d) Street No. 5168 Kensington 9
(If rural, give location)
Alien
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Benjamin Carleen
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 Goldie Carleen
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (unk) (Month) (Day) (Year)

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

9. Birthplace Chernigow (City, town, or county) U.S.S.R. (State or foreign country)
10. Usual occupation Tinner
11. Industry or business
FATHER
12. Name Gedaliah Carleen
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)
MOTHER
14. Maiden name Bessie Deborah (unk)
15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)
16. (a) Informant Meyer Carleen
(b) Address 6652 Washington
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chevre Kedisha
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) OCT 7 - 1941 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from December 19, 1940 to Oct. 6, 1941
that I last saw him alive on October 6 - 1941 - , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 days
Due to General arteriosclerosis	
Due to	
Other conditions Parkinson's disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
8301

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 Selig Simon (M. D. ~~or other~~)
Address JEWISH SANATORIUM Date signed 10/6/41

101 (Licensed Embalmer's Statement on Reverse Side) P. O. ROBERTSON, MO

OCT 1 0 1941

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. 1597

P. O. Address.....

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

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