

FILED OCT 29 1941

Registration District No. 115

Registrar's No.

2046

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution: 6246 North Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs
(Specify whether years, months or days)
In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5-
(d) Street No. 6310 Cabanne
Am Citizen (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1941 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 9/5 1941 to 10/5 1941
that I last saw him alive on 10/5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 15 MIN.

Due to _____

Due to 946

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 0

23. Signature Wm S. Franklin (M. D. county) _____
Address 634 N. Grand Date signed 10/6/41

3. (a) PRINT FULL NAME Nathan Jaffie

3. (b) If veteran, name war no 3. (c) Social Security No. 498-16-0963

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rebecca Jaffie 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unknown) ab 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 55 hr. min.

9. Birthplace Kaunas 8 Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Bags & Burlap

12. Name Philip Jaffie

13. Birthplace 8 Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name Kate (unk)

15. Birthplace 8 Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Jaffie

(b) Address 6246 North Drive

17. (a) burial (b) Date thereof 10/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) OCT 8 - 1941 (b) C. S. McPherson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

96
3
2

10/6/41

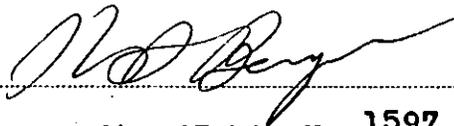
STATEMENT BY LICENSED EMBALMER

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. **1597**

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.