

S. No. 2
4-13-40
5-17-39
9-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

306

643

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1472 Laurel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 35 Years (Specify whether
In this community..... 35 Years
years, months or days)

3. (a) PRINT FULL NAME DAVE GLICKSER

3. (b) If veteran, name war..... No 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..... Rose Glickser 6. (c) Age of husband or wife if alive..... 52 years

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

8. AGE: Years Months Days If less than one day
Abt. 56 hr. min.

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

10. Usual occupation..... Barber

11. Industry or business..... Itzik Laeb Glickser

MOTHER FATHER { 12. Name.....
13. Birthplace..... Russia (City, town, or county) (State or foreign country)

{ 14. Maiden name..... Yochal Levman
15. Birthplace..... Russia (City, town, or county) (State or foreign country)

16. (a) Informant..... Harp Horn
(b) Address..... 1472 Laurel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation..... Chesed Shel Emeth

18. (a) Signature of funeral director..... Olenhandler
(b) Address..... 4469 Washington

19. (a) JAN 21 1942 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

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..... 1472 Laurel (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... 35 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan day..... 19 year..... 1942 hour..... 9 minute..... 450 M.

21. I hereby certify that I attended the deceased from..... May 17, 1941, to..... Jan 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death..... Central Anomalous

Due to..... Chro. Sclerosis
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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..... Ham Sauler (M. D. or other)
Address..... 634 N. 2nd St. Date signed..... 1-20-42

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

060
17
9

100
19
9

6

8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

#.P

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.