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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No. 2684

Registration District No. 7 1342791

Primary Registration District No.

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

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:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)

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

In this community..... 50 yrs

3. (a) PRINT FULL NAME Philip Fine

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 widowed

6. (b) Name of husband or wife Fannie Fine

6. (c) Age of husband or wife if alive..... years

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

8. AGE: Years ab 64 Months Days If less than one day
hr. min.

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

10. Usual occupation Merchant

11. Industry or business Ladies Ready to wear

MOTHER FATHER { 12. Name Isaac Fine

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

14. Maiden name Hannah Shapiro

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

16. (a) Informant Harry Fine

(b) Address 815 Leland

17. (a) burial (b) Date thereof 4/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amonna

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 26 1942 (b) J. J. Fedush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Louis immediately before 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6282 Cates Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day April
year 1942 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 22 1942 to April 24 1942
that I last saw him alive on April 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Embolism Duration 1 hr.

Due to acute bowel obstruction 1 day.

Due to

Other conditions 1/2 1/2
(Include pregnancy within 3 months of death)

Major findings: Band obstructing

Of operations 3 ft of ileum

or autopsy none

Band of blood

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)

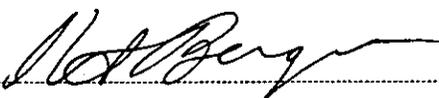
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

Signature Joseph Magidon (M. D. or other) MD
Address 520 Westgate Date signed April 24

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12592

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3684

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: Genuech Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 30 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Philip Fine

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased..... Jan 10 1942
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 10 If less than one day min.
min.

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) AUG 1 1942 (b) J. P. Predeck
(Date of medical certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... mo (b) County..... St. Louis
(c) City or town..... University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6282 Cates ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Apr..... day.....
year..... 1942..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I have seen him/her live on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary embolism
Due to..... acute bowel obstruction

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

Address..... Date signed..... m. d.

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

SUPPLEMENTARY

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

