

Registration District No. **791**

Primary Registration District No. **1003**

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:
City Hosp #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2330 Olive St.
(If rural, give location)

(e) Citizen of foreign country? (unk) (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nathan Romanof

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 7 minute 25 P M.

4. Sex male / 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

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

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

ab. 55 hr. min.

Immediate cause of death: Fractured (Broken and fractured) skull when he was found lying along side of his parked truck in front of 2341 Eugenia St. about 7 PM 4/21/42

Duration of illness: _____

Cause and manner: Could not be determined

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

10. Usual occupation Owning & Management

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business Real Estate

MOTHER FATHER { 12. Name (unk)

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

14. Maiden name (unk)

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Sol Cytron

(b) Address 4029 Easton

17. (a) burial (b) Date thereof 4/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence 4/21/42 000

(c) Where did injury occur? At home
(City or town) (County) (State)

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

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 24 1942 (b) J. F. Bruden
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Signature Alfred Perry (M. D. or other)

Address Leffingwell Date signed 4/24/42

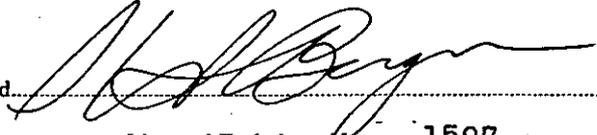
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

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.