

FILED JUN 15 1942 791

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4848

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:
4373 West Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 1438 E. Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME Chaskel Muhlstock

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theesha Muhlstock 6. (c) Age of husband or wife if alive 52 years

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1942 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Mar 19
....., 1941, to June 1, 1942
that I last saw him alive on June 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.
Carcinoma of gall bladder Duration 7 mo.

8. AGE: Years About 58 Months -- Days -- If less than one day
hr. min.

Due to Hb

Due to Hb

9. Birthplace Unknown Poland 4
(City, town, or county) (State or foreign country)

Other conditions Cholelithiasis
(Include pregnancy within 3 months of death)

10. Usual occupation Cantor

Major findings Cholelithiasis

11. Industry or business

Of operations Carcinoma of gall bladder

12. Name Unknown

Of autopsy

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Monstreich

(b) Address 5045 Gates

17. (a) Burial (b) Date thereof 6-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindelsky

(b) Address 5216 Delmar

19. (a) JUN 2 1942 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

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.....

3. Signature Barrett & Tansing (M. D. or other) M.D.

Address 4500 Olive St. Date signed June 2

546 (Licensed Embalmer's Statement on Reverse Side)

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

000
19
9

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

(NOT EMBALMED)

Signed.....

Chas. W. Cooper

Licensed Embalmer No.....

5830

P. O. Address.....

5316 Delmar

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.