. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16704

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 4502

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17
9

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 Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 wks. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5943 Mc Pherson Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Steinberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Esther Steinberg

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 14 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired Jobber

11. Industry or business Ladies Dresses

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Murray Steinberg
(b) Address 6252 Northwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rinkhoff
(b) Address 5216 Delmar Blvd.

19. (a) MAY 24 1942 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 1 minute A M.

21. I hereby certify that I attended the deceased from 7/24/41, 19..., to 5/22, 19 42 that I last saw h. alive on 5/22, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cardiac End of stomach — Duration 1½ yrs?

Due to

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. Lipoff (M. D. or other) Md
Address 633 Rutland Date signed 5/23/42

844

(Licensed Embalmer's Statement on Reverse Side)

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. Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 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.