

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 1003

000
12
9

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. O
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") NR

(d) Street No. 6313 North Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Infant (Male) Fass

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month June day 12
year 1942 hour 1:33 minute 2 M.

4. Sex male 5. Color or race white

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

21. I hereby certify that I attended the deceased from June 12
1942 to June 13 1942
that I last saw him alive on June 12 1942
and that death occurred on the day and hour stated above.

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

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

Immediate cause of death.....

7. Birth date of deceased June 12 1942
(Month) (Day) (Year)

Pneumonia

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

Due to Respiratory collapse

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation nil

PHYSICIAN

11. Industry or business.....

12. Name Sam Fass

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

14. Maiden name Frieda Jacob

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

16. (a) Informant Sam Fass

(b) Address 6313 North Drive

17. (a) burial (b) Date thereof 6/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brith Sholom

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 15 1942 (b) J. F. Patek
(Date received local registrar) (Registrar's signature)

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 O

23. Signature W. H. ... (M. D. or other) MD

Address 462 North Taylor Date signed 6/15/42

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.....

NOT EMBALMED

....., 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.