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Ev. 5-17-39
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23013

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG. 14 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 6525

265
00
17
9

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:
5166 Kensington
(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..... 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

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

(d) Street No. 5166 Kensington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME Hymen Partegyl

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-2879

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1942 hour 5:00 minute 4:30 A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Celia Carleen Partegyl (unK) years

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

7. Birth date of deceased September 11 1898
(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
	<u>43</u>	<u>10</u>	<u>20</u> hr. min.

Immediate cause of death:
Coronary Thrombosis
Coronary Atherosclerosis
Juvenile

Due to.....

Due to.....

Other conditions.....
(Includes pregnancy within 3 months of death)

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

10. Usual occupation Cap maker

Major findings:
Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name Traitel Partegyl

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

14. Maiden name Bessie Kapitan

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

16. (a) Informant M. Carleen

(b) Address 6652 Washington

17. (a) burial (b) Date thereof 8/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

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?

18. (a) Signature of funeral director Berger Memorial
4715 McPherson

(b) Address.....

19. (a) AUG 2 1942 (b) J. F. Bradok
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place)

Means of injury 3

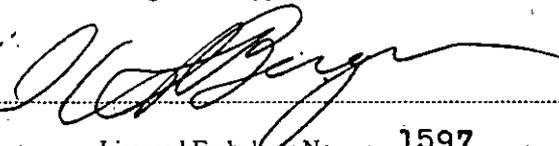
23. Signature Alfred Perry (M. D. or other)
Address City of St. Louis Date signed 8/2/42

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.....



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.