

FILED OCT 6 1942

Registration District No. 154

Primary Registration District No. 115

Registrar's No. 1865

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6645 Clemens
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 6645 Clemens
(If rural, give location)

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

3. (a) PRINT FULL NAME Isadore Steinberg

3. (b) If veteran, name war World # 1

3. (c) Social Security No. 497-09-4932

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1942 hour 9 minute 20 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Goldie Zwibelman Steinberg (unk)

6. (c) Age of husband or wife if years 15 1895 (Month) (Day) (Year)

7. Birth date of deceased November 15 1895

21. I hereby certify that I attended the deceased from Sept 5, 1942, to Sept 5, 1942 that I last saw h. am. alive on Sept 5, 1942 and that death occurred on the date and hour stated above.

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

46 9 20 hr. min.

Immediate cause of death Coronary Thrombosis

9. Birthplace Poland Russia 6
(City, town, or county) (State or foreign country)

Due to Hypertension

10. Usual occupation Superintendent

Due to gfo

11. Industry or business Alligator Raincoat Co.

Other conditions (Include pregnancy within 3 months of death)

12. Name Mordecai Steinberg

Major findings: Of operations

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

Of autopsy

14. Maiden name Bella Kratsick

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

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

16. (a) Informant Marvin Steinberg

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

(b) Address 6645 Clemens

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

17. (a) burial (b) Date thereof 9/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

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

18. (a) Signature of funeral director 4715 McPherson

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address 4715 McPherson

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

19. (a) SEP - 6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Theodore Greener Date signed 9/5/42
Address 4500 Olive

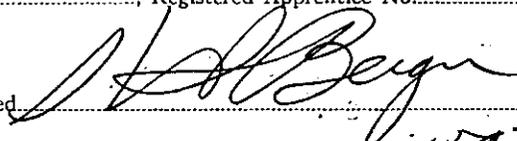
DEC 9 1942

MAR 20 1943

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.