

FILED JAN 15 1943

Registration District No. _____

Primary Registration District No. 207

Registrar's No. 2786

9600

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:
128 E. Ttta
(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 Illinois (b) County 999

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

(d) Street No. 606 N. 33rd St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Harry Tenenbaum

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1942 hour _____ minute _____ M.

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

6. (b) Name of husband or wife Pearl Tenenbaum 6. (c) Age of husband or wife if alive 62 years

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

21. I hereby certify that I attended the deceased from 1920 to Dec 14 1942
that I last saw him alive on Dec 14 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months -- Days -- If less than one day
about .hr. _____ min.

Immediate cause of death Respiratory Paralysis
Multiple sclerosis

Due to _____

Due to _____

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

10. Usual occupation Retired

Other conditions Paraplegia and Decubitus Ulcers
(Include pregnancy within 6 months of death)

11. Industry or business General Mdse

12. Name unknown

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

14. Maiden name unknown

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Rebecca Tenenbaum

(b) Address 606 N. 33rd-E. St. Louis

17. (a) Burial (b) Date thereof 12-29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

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 Herman Fred Kopf

(b) Address 5216 Delmar Blvd.

19. (a) DEC 30 1942 (b) E. J. McFarland
(Date received local registrar) (Registrar's signature)

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

23. Signature Harry Fisch (M-D, or other) _____
Address 1829 Cass an Date signed Jan 1943

REC'D
AUG 9 1944

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..... *Charles W. Cooper*
Licensed Embalmer No. *3830*
P. O. Address..... *5216 Delma*

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.