

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 835

AN 26 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 523

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 Hosp. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 39 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Hyman Reznikoff3. (b) If veteran, name war..... no 3. (c) Social Security No. #497-01-92694. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Sarah Reznikoff 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased April 15 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 9 3 hr. min.9. Birthplace Cherzon U.S.S.R.
(City, town, or county) (State or foreign country)10. Usual occupation President11. Industry or business Retail D. Goods Co.

MOTHER FATHER { 12. Name SIMON REZNIKOFF
 { 13. Birthplace Russia 6
 (City, town, or county) (State or foreign country)
 { 14. Maiden name ROSA (UNK)
 { 15. Birthplace Russia 6
 (City, town, or county) (State or foreign country)

16. (a) Informant Morris Reznikoff
(b) Address 5755 a Westminister17. (a) burial (b) Date thereof 1/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Ma Pherson19. (a) 1/18 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 741 Eastgate
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1943 hour 9 minute 20 a. m.21. I hereby certify that I attended the deceased from Jan. 17, 1943
19... to Jan. 18, 1943
that I last saw him alive on Jan. 18, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion 18 hrsDue to Arteriosclerotic cardio
vascular disease 10 yrsDue to ~~Diabetes~~ Diabetes 10 yrsOther conditions Diabetes 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy..... Not as yet known

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?

While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature Sister J. K. Kelle
 Address 462 N. Taylor Ave Date signed 1/18/43

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 *W. H. Berg*.....

Licensed Embalmer No. *1397*.....

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.