

FILED MAR 20 1943 18
Registration District No. 318

Primary Registration District No. 1003

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:
JEWISH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
12

(c) City or town ST. LOUIS 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1342 EUCLID
(If rural, give location)

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

3. (a) PRINT FULL NAME BENJAMIN DEUTSCH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1943 hour 6 minute 47 M.

21. I hereby certify that I attended the deceased from Feb 22
1943 to March 12 1943
that I last saw him alive on March 12 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 76 years

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

Immediate cause of death:
bronchial pneumonia - bi-lateral

Duration 2 wks.

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 107

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

10. Usual occupation TAILOR

11. Industry or business MEYER'S

12. Name HAROLD DEUTSCH

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

14. Maiden name SHANA

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 Sarah Deutsch

(b) Address 753 Deland

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 3-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Chased SheLEMOth

18. (a) Signature of funeral director Odenhausen

(b) Address 4466 Washington

19. (a) MAR 14 1943 (Date received local registrar)

(b) J. J. Theisch (Registrar's signature)

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 Superintendent (M. D. or other) me

Address 624 N. Grand Date signed _____

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

J. B. Oberlander
.....
Licensed Embalmer No. *3669*

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.