V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8843

State File No.

0 APR 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3030

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 (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")

(d) Street No. 6233 Northwood
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Phillip Tanzer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jennie Tanzer

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

7. Birth date of deceased April 14, 1873
(Month) (Day) (Year)

8. AGE: Years 69 | Months 11 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace U.S.S.R. 6
(City, town, or county) (State or foreign country)

10. Usual occupation news carrier

11. Industry or business retired

FATHER
12. Name Harry Tanzer
13. Birthplace U.S.S.R. 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Goldie (unk)
15. Birthplace U.S.S.R. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Hutkin
(b) Address 6609 Enright

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 30. 43
(Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 12 1942 to Mar 29 1943
that I last saw him alive on Mar 29 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Cardiorenal vascular disease	many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Magidson (M. D. or other) MD.
Address 520 West Gate Date signed Mar 30 1943

(Licensed Embalmer's Statement on Reverse Side)

440

842

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.