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

FILED APR 9 1943 3818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8898

State File No. 3029

Registration District No. -

Primary Registration District No. 1003

Registrar's No.

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 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4517 Arco
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hillel Warshawsky

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 Esther Warshawsky

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

7. Birth date of deceased June 8, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	20	hr. min.

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

10. Usual occupation tailor

11. Industry or business

FATHER
12. Name unk
13. Birthplace unk 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Goldenberg

(b) Address 1425 Semple

17. (a) burial (b) Date thereof Mar. 30, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chased Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 9 P.M. minute M.

21. I hereby certify that I attended the deceased from 3/25/43
, 1943 to 3/28, 1943;
that I last saw him alive on 3/28, 1943,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
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 Julius Elson (M. D. or other)

Address 4500 Olive Date signed 3/29/43

(Licensed Embalmer's Statement on Reverse Side)

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.