. S. No. 2
OM—5-42
ev. 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

State File No. 12635

LED APR 23 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3530

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
(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 Missouri (b) County St Louis 96 3

(c) City or town University City
(If outside city or town limits, write "RURAL") N.R. 5

(d) Street No. 739 Heman
(If rural, give location)

(e) Citizen of foreign country? Registered Alien #1493298 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sam Pogrelis (Also known as Solomon Pogorelis)

3. (b) If veteran, name war No

3. (c) Social Security No. 327-01-8611

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Fannie Pogrelis

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

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

8. AGE: Years ab. 70 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Tinner

11. Industry or business

FATHER
12. Name Kiva Pogrelis
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Bella (unk)
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Ben B. Pogrelis
(b) Address 7333 Amherst

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/15/43 (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) APR 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14
year 1943 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1942 to Apr. 14, 1943
that I last saw him alive on Apr. 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignancy of Lung	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 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 Selig Simon (M. D. ~~or other~~)
Address 601 Humboldt Bldg Date signed 4/14/43

(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.