

FILED JUN 14 1943
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5750 PERSHING - HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: SAM BOONSHAFT

3. (b) If veteran, name war: NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SARAH BOONSHAFT 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: UNKNOWN
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>ABT</u>	<u>70</u>			hr. min.

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

10. Usual occupation: MERCHANT

11. Industry or business: MEN'S FURNISHING

MOTHER FATHER
12. Name: BERIL BOONSHAFT
13. Birthplace: RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name: GITTEL
15. Birthplace: RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Rose Hoffman

(b) Address: 5750 Pershing

17. (a) BURIAL (b) Date thereof: 6-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emet

18. (a) Signature of funeral director: Olenhandler
(b) Address: 4469 WASHINGTON

19. (a) JUN 6 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: ST. LOUIS
(c) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No.: 5750 PERSHING
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from April 29, 1943 to 6/4, 1943
that I last saw him alive on 5/29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 10 min.
Angina Pectoris 3
Due to: Hypertensive Cardio-vascular Disease 2 yrs
Due to: Diabetes Mellitus ?

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 6/4
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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: Dr. E. Sigaloff (M. D. or other) med
Address: 622 Union Park Date signed: 6/6/43

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. Penhander*

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.