

U.S. No. 2
 FORM-5-42
 Rev. 5-17-39
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16671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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:
1331 Goodfellow
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 38 yrs

2. USUAL RESIDENCE OF DECEASED: 0004637
 (a) State Missouri (b) County 12
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1331 Goodfellow
(If rural, give location)
Registered Alien
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louis Teper
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 18
 year 1943 hour about 2 minute 4 A.M. P.
 21. I hereby certify that I attended the deceased from
June 1939 to May 18 1943
 that I last saw him alive on May 17 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 Anna Teper 6. (c) Age of husband or wife if alive (unk) years
 7. Birth date of deceased (unk)
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis, acute
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>ab. 65</u>			hr. _____ min.

Due to Angina Pectoris
several years duration
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Grodno Russia 6
(City, town, or county) (State or foreign country)
 10. Usual occupation Retailer
 11. Industry or business Shoes
 12. Name Aaron Teper
 13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
 14. Maiden name Leah (unk)
 15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
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16. (a) Informant Mrs. Sophie Teper
 (b) Address 726 Eastgate
 17. (a) burial (b) Date thereof 5/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hevre Kedisha
 18. (a) Signature of funeral director Berger Memorial
 (b) Address 4715 McPherson
 19. (a) MAY 19 1943 (b) J. P. Bruck
(Date received local registrar) (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 Alfred Fuleman (M. D. or other) MD
 Address 634 N. 110th Date signed 5/18/43

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

MOTHER FATHER

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.