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S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1185

ED MAY 22 1943

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County: St. Louis Co.
(b) City or town: ST. LOUIS NORMANBY
(c) Name of hospital or institution: O'SULLIVAN NURSING HOME
(d) Length of stay: 3 MONTHS
In this community: 45 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: BOON
(c) City or town: ST. LOUIS
(d) Street No: MC MINLEY HOTEL
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: SAM GETZ

3. (b) If veteran, name war: NO 3. (c) Social Security No. _____

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: DIVORCED

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: UNKNOWN (Month) (Day) (Year)

8. AGE: Years: 60 Months: _____ Days: _____ If less than one day: _____ hr. _____ min.

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

10. Usual occupation: PAINTS WORKER MAKING PAINTS

11. Industry or business: _____

12. Name: AARON GETZ 13. Birthplace: RUSSIA (City, town, or county) (State or foreign country)

14. Maiden name: LOTTIE FEINSTEIN 15. Birthplace: RUSSIA (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs O. Sullivan (b) Address: 3715 24th Ave Pl. 17. (a) BURIAL (b) Date thereof: 5-20-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: _____ (b) Address: 4069 Washington

19. (a) MAY 20 1943 (Date received local registrar) (b) C. E. McRary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17 year: 1943 hour: 2 minute: 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 1943 that I last saw him alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Ingested food
Aspirated & collapsed: with
Pulmonary Hemorrhage
Careless of Lung
and Spleen atrophy.

Due to: _____
Due to: _____
Other conditions: _____ (include pregnancy within 3 months of death)

Major findings: Of operations: 472
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: C. E. McRary (M. D. or other) _____
Address: 7328 Florence Pl. Date signed: May 21 1943

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

76
80

R. J. Palermo
73 20 Palermo

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. B. Olenhandler*

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.