

No. 2
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517-517
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23323

State File No.

Registrar's No.

JUL 24 1943

Registration District No. 318

Primary Registration District No. 1003

6504

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:
Jewish Hospital
(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) 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1392 Temple
(If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Meyer Nodiff

3. (b) If veteran, name war No 3. (c) Social Security No. 488-01-2855

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased May 15th, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Presser

11. Industry or business _____
MOTHER FATHER { 12. Name Nodiff
13. Birthplace Russia
14. Maiden name Unknown
15. Birthplace Russia

16. (a) Informant Joseph Nodiff
(b) Address 802 N. 38th St, East St Louis

17. (a) Burial (b) Date thereof 7 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheyrah Kadisha

18. (a) Signature of funeral director Openhandler
(b) Address 4469 Washington

19. (a) JUL 10 1943 (b) J. Predeck
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 09 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 10 1943 to July 18 1943
that I last saw him alive on July 18
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arteriosclerotic Heart Disease

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 Joe M. Prestein (M. D. or other) _____
Address 4500 Olive St Date signed 7/19/43

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

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. J. Feschandler

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.