

FILED JUL 31 1943 317

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 1718

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 745 Interdrive
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Max Stern

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

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

6. (b) Name of husband or wife Libby Stern 6. (c) Age of husband or wife if alive 59 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>About 60</u>			hr. _____ min.

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

10. Usual occupation Tailor (Retired)

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Libby Stern

(b) Address 745 Interdrive

17. (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmer

19. (a) JUL 27 1943 (b) G. Mc Lane, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
 year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from About July 1942 to July 25th 1943
 that I last saw him alive on July 25th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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: H. M. A. Gellack (M. D. or other) _____

Address 220 Metropolitan Date signed 7/26/43

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

96
22
3

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..... *C. W. Cofer*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Belmar Blvd.*

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.