

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8005

LED SEP 17 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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: Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
17  
79  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1438 E. Grand  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Harry Floom

3. (b) If veteran, name war No 3. (c) Social Security No. 495-16-2104

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

6. (b) Name of husband or wife Late Goldie Floom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years Abt. 82 Months Days If less than one day hr. min.

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

10. Usual occupation Assorter  
Industry or business Leather

11. Name Yitzchuk Floom

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

14. Maiden name Freda

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

16. (a) Informant Nathan Floom

(b) Address 7545 Wellington Way

17. (a) Burial (b) Date thereof 9 8 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheverah Kedisha

18. (a) Signature of funeral director Cheverah

(b) Address 4469 Washington

19. (a) SEP 8 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7  
year 1943 hour 7 AM - minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug-15-  
1943 to 9/7/43, 1943;

that I last saw him alive on 9/7/43, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar  
to pneumonia & pneumonia  
myocarditis Antonio Selhor

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
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 X. H. Probst (M. D. or other) [Signature]  
Address W. B. Bled Date signed 9/8/43

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

*W. B. Chesnut*

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.**