

FILED NOV 20 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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 \_\_\_\_\_  
In this community **56 years 0** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **David Franzel**

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

4. Sex **male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Ida Leah Franzel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 5 1866**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 10 28** hr. \_\_\_\_\_ min.

9. Birthplace **Zaslav Volhynia U.S.S.R. 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **clothing**

12. Name **Gerson Asher Franzel**

13. Birthplace **U.S.S.R. 6**  
(City, town, or county) (State or foreign country)

14. Maiden name **Yenta (unk)**

15. Birthplace **U.S.S.R. 6**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Shaw Harber**  
(b) Address **7355 Princeton ave.**

17. (a) **burial** (b) Date thereof **11/4/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**  
(b) Address **4715 McPherson ave.**

19. (a) **NOV 4 1943** **J. F. Jindrich**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1253 Aubert ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **November**  
year **1943** hour **5** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Oct 24**, 19**43**, to **November 3**, 19**43**; that I last saw him alive on **November 3**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**

Due to **Arteriosclerosis**

Due to **Diabetes**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

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 **Hany Cutler** (M. D. or other)  
Address **4500 Olive** Date signed **11-4-43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.**