

FILED NOV 29 1943
Registration District No. **318**

Primary Registration District No. **1003**

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.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis^{9/6}

(c) City or town..... University City
(If outside city or town limits, write "RURAL") ^{311 R.}

(d) Street No. 611 Westgate
(If rural, give location) ⁵

(e) Citizen of foreign country?.....
If yes, name country..... 1 (Yes or No)

3. (a) PRINT FULL NAME Benjamin Susman

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 Lillie Susman 6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years Months Days If less than one day

about 72 hr. min.

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

10. Usual occupation Retired

11. Industry or business Dress Mfg.

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Milton Susman

(b) Address 7316 Cornell

17. (a) Burial (b) Date thereof 11-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chased Shel Emeth Cen.

18. (a) Signature of funeral director A. Rinderkoff

(b) Address 5216 Delmar Blvd

19. (a) NOV 17 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16
year 1943 hour 5 minute 5 M.

21. I hereby certify that I attended the deceased from Feb.
3, 1943, to November 16, 1943,
that I last saw him alive on November 16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Prostate
Bladder
Due to Bowel Obstruction
Primary in Prostate

Due to.....

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

Major findings:
Of operations Carcinoma invasion of bowel
Of autopsy.....

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 Heriman M. Meyer (M. D. or other) MO
Address 508 N. Grand Date signed 11/17/43

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 William Herome.....

Licensed Embalmer No. 4319.....

P. O. Address 4355 Washington.....

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.