

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

39803

10936

Registrar's No.

FILED DEC 22 1943  
Registration District No. 1018

Primary Registration District No.

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 5 days  
(Specify whether  
In this community 39 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
St. Louis  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1375 Burd  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Benjamin Foreman or Forman

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife late Rose Forman 6. (c) Age of husband or wife if alive..... years

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

8. AGE: Years Months Days If less than one day  
abt. 60 hr. min.

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

10. Usual occupation Assorter

11. Industry or business Metal

12. Name Abraham Jacob Foreman

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

14. Maiden name Annie

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

16. (a) Informant Minnie Kuester

(b) Address 403 St. George St

17. (a) Burial (b) Date thereof 12 12 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

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

19. (a) DEC 11 1943 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull  
Subdural hemorrhage of Brain, when  
he was struck by an automobile  
driven by one Donald Underwood  
from Easton, Mo. about 10 feet  
west of Blackstone about 7:03  
pm Dec 5 1943.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170 C-5

Of autopsy 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 200

(b) Date of occurrence Dec 5 1943

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Thomas J. Callahan (M.D. or other)

Address Deputy Coroner Date signed 12/11/43

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. Clemm*  
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.**