

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40562**  
Registrar's No. **10796**

Registration District No. **318** Primary Registration District No. **1003**

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 DAY**  
In this community **38 YEARS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **19**  
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **912**  
(d) Street No. **4632 DELMAR** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES SINGER**  
(b) If veteran, name war **NO**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** day **7**  
year **1943** hour **2** minute **40** P.M.  
21. I hereby certify that I attended the deceased from **11/23/43**  
to **12/7/43**, 19 **43**  
that I last saw him alive on **12/6**, 19 **43**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **JENNIE SINGER**  
(c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **UNKNOWN**  
(Month) (Day) (Year)

Immediate cause of death  
**acute Bronchitis**  
**Grippe**  
Duration **3 days**

8. AGE: Years **65** Months Days If less than one day  
**Abt** hr. min.

Due to **38**  
Due to \_\_\_\_\_

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

Other conditions **Chr. Emphysema**  
**Cor Pulmonale**  
(Include pregnancy within 3 months of death) **4/4**

10. Usual occupation **MERCHANT**

11. Industry or business **DRY GOODS**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name **DUNN SINGER**

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

14. Maiden name **YENTA**

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

16. (a) Informant **Jennie Singer**

(b) Address **4632 Delmar**

17. (c) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **12 8 43**  
(Month) (Day) (Year)

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

18. (c) Signature of funeral director **Odenhandler**

(b) Address **4469 Washington**

19. (a) **DEC 8 1943** (Date received local registrar) (b) **J. F. Breeseck** (Registrar's signature)

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 **0**  
23. Signature **Arthur E. Straub** (M. D. or other) **M.D.**  
Address **539 N. Grand** Date signed **12/7/43**

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

MOTHER FATHER

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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

*W. J. Penhandler*

Licensed Embalmer No. *3869*

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.**