

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

2
-43
-39
136671

FILED MAY 25 1944

State File No. _____

Registration District No. _____

Primary Registration District No. **L 1003**

Registrar's No. **4562**

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: **1354 Clara**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 hours**
In this community **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5748a Labadie**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MORRIS GREENBERG**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **494-24-0053**

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

6. (b) Name of husband or wife **Sophia Greenberg** 6. (c) Age of husband or wife if alive **40** years

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

8. AGE: Years Months Days If less than one day
Abt. 47 hr. min.

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

10. Usual occupation **Presser Ladies Dresses**

11. Industry or business _____

12. Name **Yechaskel Greenberg**

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

14. Maiden name **Molca Plittman**

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

16. (a) Informant **Sophia Greenberg**
(b) Address **5748a Labadie**

17. (a) **Burial** (b) Date thereof **5-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**
(d) Signature of funeral director **Overhandler**
(e) Address **4469 Washington**

19. (a) **MAY 16 1944** (Date received local registrar) **J. J. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15** year **1944** hour _____ minute **00** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis**
Duration _____

Due to _____

Due to **131**

Other conditions _____
(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? _____
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature **Oliver Farris** (M. D. or other) _____
Address _____ Date signed **5/14/44**

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. Penhallow

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.