

FILED MAY 25 1944

State File No. _____

Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 4611

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:
Missouri Baptist 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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5744 Theodosia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joseph Singer

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 Adelaide Singer 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 26 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Attorney

11. Industry or business _____

MOTHER { 12. Name Aaron Singer
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Samuel M. Singer

(b) Address 5744 Theodosia

17. (a) Burial (b) Date thereof 5-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) MAY 18 1944 (b) J. F. Bredect
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 6, 1944, to May 17, 1944.
that I last saw him alive on May 17, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic heart disease

Due to _____
Due to _____

Other conditions: coronary occlusion 5/6/44
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____
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 A. F. Bergman (M. D. or other) M.D.
Address 3728 Washington Date signed 5/18/44

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

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

NOV 9 1944

DEC 27 1944

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

John Ketter

Licensed Embalmer No. *3830*

P. O. Address. *#355 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.