No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20282

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6053

**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 45 years 0
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7508 Cromwell N.B. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Frank Siteman

3. (b) If veteran, name war no

3. (c) Social Security No. ?

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Siteman

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

7. Birth date of deceased July (Month) 1 (Day) 1872 (Year)

8. AGE: Years 72 Months 0 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) U.S.S.R. 6 (State or foreign country)

10. Usual occupation Gasoline dealer

11. Industry or business

FATHER
12. Name Itzchok Isaac Siteman
13. Birthplace (City, town, or county) (unk) U.S.S.R. 6 (State or foreign country)

MOTHER
14. Maiden name Machla
15. Birthplace (City, town, or county) U.S.S.R. 6 (State or foreign country)

16. (a) Informant Philip Siteman
(b) Address 7554 Buckingham Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc. Pherson

19. (a) JUL 7 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 6
year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from April 7, 1944 to July 6, 1944
that I last saw him alive on July 6, 1944
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of lung - Post operative. | 8 Mos? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Carcinoma of lung
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? (e) Means of injury

23. Signature Herman M. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 7/6/44

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 1597

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.**