

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26086

FILED SEP 8 1948

State File No. 7382

Registration District No. Primary Registration District No. 1003 Registrar's 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.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
University City
(If outside city or town limits, write "RURAL")

(c) City or town.....
(If rural, give location)

(d) Street No. 500 Kingsland
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Philip H. Boonshaft

3. (b) If veteran, name war..... no

3. (c) Social Security No. N495-22-2356

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1944 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from
Aug 17 1944 to Aug 24 1944
that I last saw him alive on Aug. 23 1944
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

6. (b) Name of husband or wife Jeanette Moritz Boonshaft 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 14, 1894
(Month) (Day) (Year)

Immediate cause of death.....
uremia Duration 1 week

8. AGE: Years 50 Months 1 Days 10 If less than one day
..... hr. min.

Due to Arterio-sclerotic Cardiovascular disease

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations:.....

10. Usual occupation Salesman

11. Industry or business Retail haberdasher

12. Name Joseph Boonshaft

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

14. Maiden name Ida Goldberg

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

16. (a) Informant Mrs. Florine Pastor

(b) Address 500 Kingsland

17. (a) Burial (b) Date thereof 8/25/1944
(Burial, cremation, or removal) (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) AUG 25 1944 (b) J. Z. Bredeck
(Date received local jurisdiction) (Registrar's signature)

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?

While at work?..... (Specify type of place)
(a) Means of injury.....

23. Signature Walter F. Scholke M.D. or other M.D.

Address 462 N. Taylor Date signed 8/25/44

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

MOTHER FATHER

844 (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.