

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1944 STANDARD CERTIFICATE OF DEATH

State File No. 31850
Registrar's No. 1910

Registration District No. 317 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
723 Syracuse
(d) Length of stay: In hospital or institution 45 yrs
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 96
(c) City or town University
(d) Street No. 723 Syracuse
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Meyer WASSERMAN
(b) If veteran, name war -
(c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13
year 1944 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from 1941
to SEPT 13 1944
that I last saw him alive on Sept. 13 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Ethel Wasserman - (goldfab.)
(c) Age of husband or wife if alive 60 years

Immediate cause of death Coronary occlusion
Due to Chr. myocarditis
Other conditions -
Major findings: Of operations -
Of autopsy gfr

8. AGE: Years about 64 Months - Days -
If less than one day hr. - min. -

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? -
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

9. Birthplace Russia
10. Usual occupation Sexton

11. Industry or business Syn
12. Name Mendicha Wasserman
13. Birthplace Russia
14. Maiden name Sunya Shaps
15. Birthplace Russia

16. (a) Informant Louis Wasserman
(b) Address 7520 - Wellington Way
17. (a) Burial (b) Date thereof 9-14-44
(c) Place: burial or cremation Chapel Shel. Emph

18. (a) Signature of funeral director Chenbandler
(b) Address 4469 N. Washington
19. (a) SEP 16 1944 (b) E. J. ...

23. Signature R. Reimer (M. D. or other) -
Address 6233 Delmar Date signed 9/13/44

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

46
53

707

Warrant
723 License

SEP 27 1941

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. Penhander
Licensed Embalmer No. 2669
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.