. S. No. 2
0M—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39648

Primary Registration District No. 1003

Registrar's No. 10731

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Clayton (If outside city or town limits, write "RURAL") 2
(d) Street No. 6425 Alamo (If rural, give location) 2 NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Martin Morganstern
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male U
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Morganstern
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) Russia U (State or foreign country)
10. Usual occupation Executive
11. Industry or business Mfg. Lingerie
FATHER 12. Name Aaron Morganstern
13. Birthplace (City, town, or county) Russia U (State or foreign country)
MOTHER 14. Maiden name Rose Friedman
15. Birthplace (City, town, or county) Russia U (State or foreign country)
16. (a) Informant Elsie Morganstern
(b) Address 6425 Alamo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director H. Rindskopf
(b) Address 5316 Delmar Blvd.
19. (a) DEC 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1944 hour 1 minute 05 A. M.
21. I hereby certify that I attended the deceased from Nov. December 12, 1944, to December 15, 1944, that I last saw h. on alive on December 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Arteriosclerotic cardiovascular disease.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None performed

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) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 12/15/44

(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. 4029

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.