

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39669  
State File No. \_\_\_\_\_  
Registrar's No. 10663

Registration District No. 318

Primary Registration District No. 1002

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Ofstein

3. (b) If veteran, name war no 3. (c) Social Security No. 497-09-8128

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Ofstein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 27 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation carpenter

11. Industry or business \_\_\_\_\_

12. Name Joseph Ofstein

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

14. Maiden name unk.

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

16. (a) Informant Joseph Ofstein

(b) Address 6013 Lucille

17. (a) Burial (b) Date thereof 12/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) DEC 14 1944 J. Z. Brudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6015 Thekla  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12,  
year 1944 hour 5:00 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death lung abscess, fracture of ribs, fracture pelvis suffered while ascending an icy slope of the Duration  
due to Louis Bulech Supply Co. 1545 No. 15th St and the front section of same fell on top of him  
about 2:30 pm Nov. 6 1944

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 195

Of autopsy 144

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Nov 6 1944  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial

While at work? yes (Specify type of place) see above  
(a) Means of injury \_\_\_\_\_

23. Signature Thomas J. Callahan (M.D. or other) \_\_\_\_\_  
Address Crown Date signed \_\_\_\_\_

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

MOTHER FATHER

10.  
17  
7-9

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

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8 1945

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**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..... *J. H. Berg*.....  
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.**