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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4289

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1747

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton (If outside city or town limits, write "RURAL")
(d) Street No. 6418 San Bonita (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nathan Greenberg
3. (b) If veteran, name war no
3. (c) Social Security No. 495-28-0719
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chana Greenberg
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December 10, 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months ~~28~~ Days 10 If less than one day hr. min.

9. Birthplace Kiev (City, town, or county) U.S.S.R. (State or foreign country)
10. Usual occupation merchant
11. Industry or business general mdse.

FATHER
12. Name David S. Greenberg
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

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

16. (a) Informant Julius Greenberg
(b) Address 7104 Delmar
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.
19. (a) FEB 22 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1945 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from January 28th 1945 to February 20 1945 that I last saw him alive on February 20th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure due to insertion

Due to anemia

Due to Invasion of bone marrow by malignant cells (Monocytic sarcoma)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Monocytic sarcoma cells from bone marrow aspiration
Of autopsy Not done

Duration

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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 2/25/45

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1945

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.