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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

Registration District No. 518

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11777

Registrar's No. 3815

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

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1507 Clara (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ~~St. Louis~~ 96 (If outside city or town limits, write "RURAL")

(d) Street No. 6328 Cabanne (If rural, give location) U.N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Shulman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Shulman

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 65	--	--	hr. min.

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

10. Usual occupation Shoe Repair

11. Industry or business

FATHER 12. Name unknown

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

MOTHER 14. Maiden name unknown

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

16. (a) Informant Esther Shulman

(b) Address 6328 Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmar Blvd

19. (a) APR 30 1945 (Date received local registrar) J. J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 6 minute 40 P.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.

	Duration
Immediate cause of death	
Due to	
Due to Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place) While at work? (e) Means of injury

23. Signature Alfred [illegible] M. D. or other)

Address [illegible] Date signed 4/30/45

(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 H. Burgess

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.