. S. No. 2
OM—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 21344

Registrar's No. 1195

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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: ____
(c) City or town: Clayton
(If outside city or town limits, write "RURAL")
(d) Street No.: 7545 Oxford Dr.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Herman L. Nathanson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Josephine Nathanson
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 49			hr. ____ min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Furniture
FATHER 12. Name: Henry Nathanson
FATHER 13. Birthplace: ____ (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Emma Stern
MOTHER 15. Birthplace: ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Dr. A. M. Frank
(b) Address: 7545 Oxford Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Sinai Cemetery
18. (a) Signature of funeral director: H. Rudskopf
(b) Address: 5216 Delmar Blvd.
19. (a) MAY 28 1945 (Date received local registrar) (b) E. B. McEdwen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 21 year: 1945 hour: 12 minute: 30 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.

Immediate cause of death: Strangulation by ligature, — Duration ____
Due to: Suicide 164a
Due to: ____
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): Suicide
(b) Date of occurrence: May 21st, 1945
(c) Where did injury occur? Richmond Hts. (City or town) St. L. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. Mary's Hospl (Specify type of place)
While at work? No (e) Means of injury: ____
23. Signature: Arnold J. Willmann Coroner
Address: Clayton, Mo. Date signed: 5-23-45.

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1946

JAN 30 1946

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.