

FILED AUG 28 1945

Registration District No. 317 Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
7365 Pershing Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town University City ?
(If outside city or town limits, write "RURAL")

(d) Street No. 7365 Pershing 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Morris J. Wittels

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race Wh.

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

6. (b) Name of husband or wife Leah Wittels 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 54 -- -- hr. min.

9. Birthplace Russia 1
(City, town, or county) (State or foreign country)

10. Usual occupation Jewelry Retail

MOTHER FATHER

11. Industry or business _____

12. Name Michael Wittels 1

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Reva Cherrick

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Wittels

(b) Address 6945 Dartmouth

17. (a) Burial (b) Date thereof 8-19-1945
(Burial, cremation, or removal) (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) 8-20-45 (b) E. M. Saran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1945 hour 11: minute 45 P. M.

21. I hereby certify that I attended the deceased from March 18, 1939 to Aug 16, 1945
that I last saw him alive on Aug 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration Long

Due to _____ 940

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) _____
(c) Means of injury _____

23. Signature W. E. Stank (M. D. or _____)
Address 829 N. Grand Date signed 8/20/45

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.