

Registration District No. 318 Primary Registration District No. 1003

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: Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 years
 years, months or days

3. (a) PRINT FULL NAME Hyman Ezer
 (b) If veteran, name war no
 (c) Social Security No. no

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Minnie Ezer
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 18, 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation retail poultry

11. Industry or business _____

12. Name unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Harry Abram
 (b) Address 6829 Plymouth

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/16/45
 (Month) (Day) (Year)
 (c) Place: burial or cremation Beth Ham Hag.

18. (a) Signature of funeral director Berger Memorial
 (b) Address 4715 McPherson ave.

19. (a) SEP 16 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5570 Maple av (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
 year 1945 hour 11 minute am M.
 21. I hereby certify that I attended the deceased from Aug 30 to Sept 15 1945
 that I last saw him alive on Sept 15 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease Duration 17 yrs.
broncho-pneumonia 1 day.
hypertrophy of prostate

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
930

Major findings: _____
 Of operations _____
 Of autopsy broncho-pneumonia
arterio-sclerotic heart dis.

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)
 (a) Means of injury _____

23. Signature Arthur E. Strand (M. D. 2006)
 Address 539 N. Grand Date signed 9/15/45

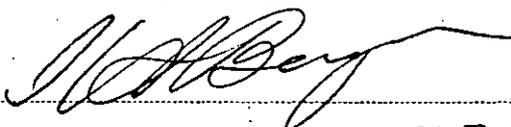
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.