. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38667

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2619

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: JEWISH SANATORIUM 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4708 Vernon 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME David Woolf

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jessie Woolf

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

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

8. AGE: Years abt - 62 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Chauffeur

FATHER
12. Name Woolf
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Jessie Woolf

(b) Address 4708 Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Ken Chandler

(b) Address 4469 Washington

19. (a) 11-16-45 (Date received local registrar) (b) E G McGovern M D (Registrar's signature) M S

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1945 hour six minutes 30 P M.

21. I hereby certify that I attended the deceased from November seven, 1945, to November 14, 1945; that I last saw him alive on November 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Decompensation of the heart

Due to Arteriosclerotic heart disease

Due to 93 d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: since months; since many years

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 Julia Simon (M. D. or other)

Address JEWISH SANATORIUM ROBERTSON, MO. Date signed 11-14-45

707 (Licensed Embalmer's Statement on Reverse Side)

NOV 26 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 W. B. Kenhandler

Licensed Embalmer No. 3669

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.