

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1127

FILED JAN 21 1946 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 142

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 45⁺ Years (Specify whether years, months or days)

In this community 45⁺ Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 59 Ridgemoor NR.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nathan N. Yalem

3. (b) If veteran, name war Lt. 1st World 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 Effie Light 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 23 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 12 .. If less than one day hr. min.

9. Birthplace Yampole Volhynia Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Finance Corporation

12. Name Louis Yalem

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

14. Maiden name Pearl Schwartz

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

16. (a) Informant Charles Yalem

(b) Address 816 S Hanley, Clayton Mo

17. (a) Burial (b) Date thereof 1/7/46
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mount Sinai Berger Memorial

18. (a) Signature of funeral director McPherson at Walton

(b) Address McPherson at Walton

19. (a) JAN 6 1946 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 10 minute 23 A.M.

21. I hereby certify that I attended the deceased from Sept - 1
15 - 1945 to Jan 5 - 1946

that I last saw him alive on Jan 5 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Secondary Anemia 3 mos

Due to Metastatic Carcinoma 1 yr
Liver

Due to Carcinoma of 3 yrs.
transverse Colon

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

PHYSICIAN

Major findings: Metastatic Carcinoma
operations Liver - Primary in Colon

Of autopsy: none

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.) (e) Means of injury ○

23. Signature Charles White (M. D. or other) ○
Address 220-2-4th St. Louis 3 Date signed 1/6/46

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

3300

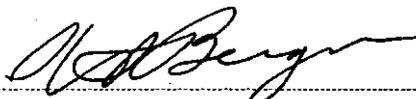
MAY 21 1947

MAR 27 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. 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.