

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
4727 Vernon /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4727 Vernon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL FITTER
3. (b) If veteran, name war World # 1
3. (c) Social Security No. 495-18-246

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorce
6. (b) Name of husband or wife Libby
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 21, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 19 hr. min.

9. Birthplace Zhitomar U.S.S.R.
(City, town, or county) (State or foreign country)
10. Usual occupation clerk

11. Industry or business cigar store
12. Name Isaac Fitter
13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Schneider
15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Fitter
(b) Address 4727 Vernon
17. (a) burial (b) Date thereof 2/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed, Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue
19. (a) FEB 12 1946 (b) J. F. Bradock
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10
year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from January 19, 1946 to February 10, 1946
that I last saw him alive on February 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to 93%
Due to 93%
Other conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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 George S. Ball (M. D. or other) 2nd
Address 812 Olive Street, St. Louis Date signed 2/10/46

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

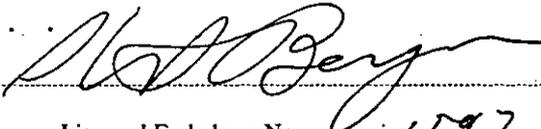
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6382

JUL 1 1947

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.