

No. 2
M-5-43
7-5-17-39
I X36871

FILED MAR 31 1946

State File No. _____
Registrar's No. 1776

Registration District No. _____

Primary Registration District No. 1003

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

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:
1364 Montclair
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 38 years
years, months or days

3. (a) PRINT FULL NAME MORRIS LONDON

3. (b) If veteran, name war No

3. (c) Social Security No. 500-26-0047

4. Sex Male white 5. Color or race white

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

6. (b) Name of husband or wife Esther London

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Ab. 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Volhynia U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation Packer - Food Products

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin London.

13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Eisenberg

15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Kaufman
 (b) Address 1140 Boland R. Hts. Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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

19. (a) FEB 29 1946 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1364 Montclair
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1946 hour 11:30 minute 8 P. M.

21. I hereby certify that I attended the deceased from Feb. 20, 1946
 _____, 19____ to Feb. 20, 1946
 that I last saw h. im alive on Feb. 20, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion few hours
Duration

Due to Coronary sclerosis

Due to _____

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

PHYSICIAN _____

Major findings: _____
 Of operations _____

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)

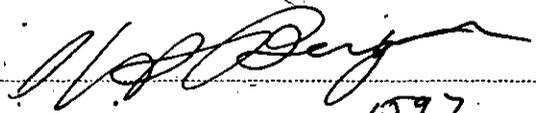
(e) Means of injury _____

23. Signature R. C. Treiman (M. D. or Other) _____
 Address 6233 Delmar Date signed 7/21/46

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.....

1577

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.