S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14432

FILED APR 29 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 894

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 17 Years

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. 5179 Kensington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOSNOFF, Robert

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 6 (Day) 1928 (Year)

8. AGE: Years 17 Months 9 Days 12 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

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

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

16. (a) Informant Clinical Clerk, Vet.Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona

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

19. (a) 4-23-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1946 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from 4/18/46, 19__ to 4/18/46, 19__; that I last saw him alive on April 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death GUN SHOT WOUND ABDOMEN, PENETRATING LIVER, STOMACH, SPLEEN — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Splenectomy & Suturing of perforated wounds of stomach & liver

Of autopsy Coroner's Inquest

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) Accident
(b) Date of occurrence April 18, 1946
(c) Where did injury occur? Cliff Cave, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? Means of injury

23. Signature L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm. Hosp.Jeff.Brks., Mo. Date signed 4/19/46

(Licensed Embalmer's Statement on Reverse Side)

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.....4229.....

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.