S. No. 2
M—2-43
. 5-17-39
o I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18142

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1456

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution 3 yrs, 2 mos, 8da (Specify whether years, months or days)

In this community 44 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: -- 0a 13

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

(d) Street No.: 2023 Cole 6
(If rural, give location) 1

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

If yes, name country: Rumania

3. (a) PRINT FULL NAME: Harry Applebaum

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

3. (c) Social Security No.: --

4. Sex: Male 0

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: Unknown, About 78 (Month) (Day) (Year)

8. AGE: Years: About 78 Months: -- Days: -- If less than one day: hr. / min.

9. Birthplace: Rumania (City, town, or county) (State or foreign country) 4

10. Usual occupation: Junk collector

11. Industry or business: " "

MOTHER FATHER

12. Name: Morris Applebaum 4

13. Birthplace: Poland (City, town, or county) (State or foreign country) 1

14. Maiden name: Alta Beck 1

15. Birthplace: Rumania (City, town, or county) (State or foreign country) 6

16. (a) Informant: City Sanitarium M.C.D

(b) Address: 5400 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Weinhandler

(b) Address: 4469 Washington

19. (a) MAY 18 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 19 45 to May 19 46 that I last saw him alive on May 15 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterioschlerotic heart disease	1943x
Due to: General Arteriosclerosis adv.	1943x
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: As above
Of autopsy:

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:

Signature: J. Schlenker (M.D. or other)

Address: 5400 Arsenal Date signed: 5/7/46

(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. 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.