

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29580

Registration District No. 42

Primary Registration District No. 1000

State File No. 1114
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 1401 Jule St. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Years (Specify whether years, months or days)
In this community. 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1401 Jule St. (If rural, give location) 7
(e) Citizen of foreign country? Not Known (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Israel Grinspan
3. (b) If veteran, name war. No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27 year 1946 hour 9 minute 10 A. M.
21. I hereby certify that I attended the deceased from Sept 26th 48 to _____, 19____, to _____, 19____.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Not Known 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Not Known 1972
(Month) (Day) (Year)

that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration _____

8. AGE: Years Months Days If less than one day
74 ? ? _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Fish Merchant (2Years)

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? _____

11. Industry or business _____
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant J. Gold
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Shaare Sholem Cemetery

While at work? _____ (Specify type of place)
(c) Means of transport Coroner
23. Signature B. W. Tadlock (M. D. or other) 3
Address King Hill Bldg Date signed 9/28/46
St. Joseph, Mo.

18. (a) Signature of funeral director St Joseph, Mo.
(b) Address _____
19. (a) Oct. 2, 1946 (b) [Signature] (Registrar's signature)
(Date received local registrar) (Registrar's signature)

36 (Licensed Embalmer's Statement on Reverse Side)

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

28416

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, ~~and by~~.....

~~Registered~~ ~~Apprentice~~ ~~No.~~.....

working under my personal supervision.

Signed.....

Robert Lytle

Licensed Embalmer No. 3308.....

P. O. Address..... St. Joseph, Mo.

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.