

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34831
Registrar's No. 3119

FILED OCT 28 1946

Registration District No. 317

Primary Registration District No. 6876

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1602 Clara
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Leon Markowitz
3. (b) If veteran, name war No
3. (c) Social Security No. No

20. DATE OF DEATH: Month Oct. day 22
year 1946 hour 2 minute 15 PM
21. I hereby certify that I attended the deceased from September
1946 to October 22, 1946;
that I last saw him alive on October 22, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 2 mo

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Markowitz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 21 1881
(Month) (Day) (Year)

Due to Hypertension 2 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) 83A

8. AGE: Years Months Days If less than one day
65 4 1 hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Roumania
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Liquor

12. Name Phillip Markowitz

13. Birthplace Roumania
(City, town, or county) (State or foreign country)

14. Maiden name Eva (unk)

15. Birthplace Roumania
(City, town, or county) (State or foreign country)

16. (a) Informant Sol Markowitz

(b) Address 1432 Laurel

17. (c) burial (b) Date thereof 10/23/46
(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

19. (a) 10-24-46 (b) Ruth D. Pleen M.D.
(Date received local registrar) (Registrar's signature)

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 1
23. Signature R. Pleen (M. D. or other) 1
Address 2651 Grand St Date signed 10-23-46

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

MOTHER FATHER

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

James A. Judwig

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.