

3. No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42162**

FILED JAN 7 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4005**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 wks
(Specify whether years, months or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. 6505 San Bonita
(If rural, give location)

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

3. (a) PRINT FULL NAME Isidor Boraz

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bessie Boraz

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

7. Birth date of deceased January 11 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55	11	13	hr. min.
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9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business _____

MOTHER FATHER

12. Name Isaiah Boraz

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

14. Maiden name Doba Fendelman

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

16. (a) Informant Herbert Boraz

(b) Address 2107 S. Grand

17. (a) burial (b) Date thereof 12/26/46
(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) DEC 26 1946 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
year 1946 hour 5 minute 00 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Pulmonary Embolism. 2. Fracture left Femur when struck by a automobile driven by John Kern at the intersection of Clayton and University Lane, Clayton, Mo., around 6:00A.M., Dec. 5, 1946.

Other conditions ACCIDENT.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 170

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) _____ 117

(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)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address _____ Date signed 12/26/46

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

40572

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. Kudurgis*
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.