

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs.
(Specify whether years, months or days)
 In this community 18 yrs.

3. (a) PRINT FULL NAME MAX EARLICH
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 MARRIED
6. (b) Name of husband or wife. IDA EARLICH **6. (c) Age of husband or wife if** 68 years
7. Birth date of deceased: November 26th 1875
(Month) (Day) (Year)

8. AGE: Years abt 75 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Slaughterer

12. Name Issac Earlich

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

14. Maiden name Unknown

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

16. (a) Informant Jacob Earlich

(b) Address 5825 cot brilliant

17. (a) Burial **(b) Date thereof** March 5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Chester Shel Emeth

18. (a) Signature of funeral director Oxyhandla funeral home
(Specify type of place)

(b) Address 4469 Washington Blvd.

19. (a) MAR 5 1948 **(b)** J. F. Brecken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis **5 17**
(If outside city or town limits, write "RURAL")
 (d) Street No. 5854 Maple **9 0**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country Russia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
 year 1947 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage
of brain, traumatic in origin,
and right arm, when struck by
truck, auto, mobile, driven by John
Wagner, 1395 Goodfellow Ave.,
St. Louis, Mo., on March 3, 1947.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

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) Accident

(b) Date of occurrence March 3, 1947

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public sidewalk

23. Signature [Signature] **(M. D. or other)** 53

Date signed 3/6/47

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

MOTHER FATHER

J

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.....

M. J. Peef
....., Registered Apprentice No.
working under my personal supervision.

Signed *M. J. Peef*
.....

Licensed Embalmer No. *3669*
.....

P. O. Address *4469 Washington*
.....

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.