

Registration District No. 317

Primary Registration District No. 2002 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural  
(c) Name of hospital or institution: Manchester Nursing Home  
(d) Length of stay: In hospital or institution 60 days  
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis University  
(d) Street No. 6320 Enright  
(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAM CHERVITZ

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 - 1947  
year 6 hour 55 minute A M.  
21. I hereby certify that I attended the deceased from JAN. 5  
1947 to March 23 1947  
that I last saw him alive on March 22 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White  
6. (a) Name of husband or wife Edith Chervitz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown

Immediate cause of death Hypertrophy of Prostate  
Duration \_\_\_\_\_

8. AGE: Years abt 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 137a

9. Birthplace Russia

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Reveran

Major findings: Hypertrophy of Prostate  
Of operations Senility

12. Name Yankel Israel Chervitz

Of autopsy none

13. Birthplace Russia

14. Maiden name Rachel Ansel

15. Birthplace Russia

16. (a) Informant Frank Chervitz

(b) Address 7339 Colgate

17. (a) Rural (b) Date thereof 3-23-47

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Ben Handley  
(b) Address 4469 Washington

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? \_\_\_\_\_  
(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 0

19. (a) 3-24-47 (b) Edith Chervitz (c) MD  
(Date received local registrar) (Registrar's signature) (M.D. or other)  
Address 539 N. Grand Date signed 3/23/47

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

3-26-47 96 80

ST

MAR 27 1947

**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.

*not embalmed*

Signed *W. J. Openhandler*  
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.**