No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3512

FILED FEB 9 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 195

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mt. St. Rose Sant. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 44 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County [redacted] 800
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 Clara 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab. 74 | Months | Days | If less than one day hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)
10. Usual occupation Merchant Retired
11. Industry or business General Merchandise

FATHER
12. Name Meyer Jaffe 6
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie (unk)
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Irwin Jaffe
(b) Address 7448 Wydown
17. (a) Burial (b) Date thereof 1/22/48
(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) 1-22-48 (b) Bard A. Shapiro MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1948 hour 6 minutes 30 P. M.
21. I hereby certify that I attended the deceased from Oct 1947 to Jan 21 1948
that I last saw him alive on Jan 21 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Pulm. Tub	over 1 yr
Due to	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Andrew C. Hensler (M. D. or other)
Address 607 N. O. Grand Date signed Feb 6 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis L Ludwig

Licensed Embalmer No. 4227

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.