FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 21527

Registrar's No. 1625

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6414 San Bonita Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Clayton
(If outside city or town limits, write "RURAL")
(d) Street No.: 6414 San Bonita Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MORRIS LANDER

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: Nettie Lander

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 63	-	-	..... hr. ..... min.

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

10. Usual occupation: Pres. -

11. Industry or business: Lander Bookbinding Corp.

MOTHER FATHER

12. Name: Abraham Lander

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

14. Maiden name: Sema Potick

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

16. (a) Informant: Aaron Lander
(b) Address: 6414 San Bonita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth Cem.

18. (a) Signature of funeral director: Herman Rindskopf, Inc.
(b) Address: 5216 Delmar Blvd.

19. (a) 6-16-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1948 hour 1:35 minute 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	Duration
Cause unknown	
Due to	
Due to 200	
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 .....

23. Signature [illegible] (M. D. or Coroner)
Commissioner of Health
Address ..... Date signed 7-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1948

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 John Kittles

Licensed Embalmer No. 3880

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.