

FILED AUG 28 1948

Registration District No. 118

Primary Registration District No. 1003

Registrar's No. 7335

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Valentine Kaufman
3. (b) If veteran, name war NONE
3. (c) Social Security No.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife wife
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased OCT. 12 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 8
If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Woodcutter

12. Name Peter Kaufman

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name Magdelling UNKNOWN

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant CARRIE KAUFMAN

(b) Address 2621 Victor ST.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-23-48
(Month) (Day) (Year)

(c) Place: burial or cremation MT. Hope Cemetery

18. (a) Signature of funeral director With Bm. & U. Co.

(b) Address 2929 S. JEFFERSON AVE

19. (a) AUG 21 1948 (b) J. E. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ad
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2621 Victor ST. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 20
year 1948 hour 305 minute 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 Coronary Thrombosis Duration

Due to PHA

Due to

Due to

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)

(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)

(e) Means of injury

23. Signature Patrick E. Taylor M.D. or other

Address 1300 Clark Date signed 8-20-48

FEB 7 1957

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

J. M. Davis

Licensed Embalmer No

374

P. O. Address

2929 Jefferson Ave

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.