

No. 2  
-1/47  
5-17-39

28186  
State File No. ....  
Registrar's No. .... 6760

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 23 1948  
918  
Registration District No. ....  
Primary Registration District No. ....

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL") **11**  
(d) Street No. **2607 Burd Ave.**  
(If rural, give location) **9**  
(e) Citizen of foreign country?..... (Yes or No) **11**  
If yes, name country.....

3. (a) PRINT FULL NAME **MORRIS SCHEVITZKY**  
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..... **Sophie Schevitzky** 6. (c) Age of husband or wife if alive..... **50** years  
7. Birth date of deceased..... **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 57** hr. min.

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

10. Usual occupation..... **Operator**

11. Industry or business..... **Ladies Ready-to-wear**

12. Name..... **Unknown**  
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..... **Sophie Schevitzky**  
(b) Address..... **2607 Burd**

17. (a) Burial (b) Date thereof..... **8-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Beth Hamedrosh**

18. (a) Signature of funeral director..... **Herman Hindskopf, Inc.**  
(b) Address..... **5216 Delmar Blvd.**  
19. (a) **AUG 1 - 1948** (b) **J. Bredek**  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**  
year..... **1948** hour..... **1:05** minute..... **0** M.

21. I hereby certify that I attended the deceased from **7/3** 19**48** to **7/31** 19**48**;  
that I last saw him alive on **7/31** 19**48**;  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death.....  
**Malignant mixed tumor of left parotid salivary gland with metastasis to deep cervical lymph nodes**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **as above**  
Of operations.....  
Of autopsy..... **will done**  
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)  
23. Signature..... **Louis J. Orstad** (M. D. or other)  
Address..... **3730 Washington** Date signed..... **7/29/48**

---

---

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 \_\_\_\_\_

Licensed Embalmer No. 4053

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.