

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

FILED SEP 20 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7986

1. PLACE OF DEATH: St Louis

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town 1602-S-Compton
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Louis-Shintog-

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-10 day 48
year 1948 hour 2.30 minute P M.

21. I hereby certify that I attended the deceased from 8-23-48
9-9 1948 to 9-9 1948;

that I last saw h/ her alive on 9-9 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept-15-1870
(Month) (Day) (Year)

Immediate cause of death Coronary failure

Due to Senility

Due to Malnutrition ✓

Other conditions (Include pregnancy within 3 months of death) 95

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Shops

MOTHER FATHER { 12. Name Unknown 6

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)

Major findings:
: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Shintog

(b) Address 606 Washington East St. Mo

17. (a) Burial (b) Date there Sept-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shil Emeth Overland Park E.L.

18. (a) Signature of funeral director Overlander E.L.

(b) Address 5010 E. 1st

19. (a) SEP 12 1948 (b) J.P. Bredeck
(Date received local registrar) (Registrar's signature)

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 D

23. Signature Edwin J. Smith (M. D. or other) MD

Address 3258 E. 1st St Date signed 9-10-48

[Handwritten signature]

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 *W. J. Oxenhandler*

Licensed Embalmer No. *3669*

P. O. Address *5010 Emright*

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.