FEDERAL SECURITY AGENCY
National Office of Vital Statistics

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Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34544

Primary Registration District No. 1003

Registrar's No. 9599

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: Jewish Hspital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 wks (Specify whether years, months or days)
In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1275 Amherst Pl. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HARRY OZERSKY
3. (b) If veteran, name war: No
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: Ruth Ozersky
6. (c) Age of husband or wife if alive: (unk) years
7. Birth date of deceased: DECEMBER (Month) 15 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	18	br. min

9. Birthplace: U.S.S.R. (City, town, or county) (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business:
FATHER 12. Name: Herbert Ozersky
FATHER 13. Birthplace: USSR (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Dina Medler
MOTHER 15. Birthplace: USSR (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ruth Ozersky
(b) Address: 1275 Amherst Pl
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/4/48 (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) NOV 4 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 3rd year 1948 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from 9/19, 1948 to 11/3, 1948 that I last saw him alive on 11/3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis.	8 wks
Due to: Coronary Sclerosis	3 yrs
Due to: —	
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: Milton E. Strauss (M. D. or other) M.D.
Address: 539 N. Grand Date signed 11/4/48

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.....

Licensed Embalmer No.....4229

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.