S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35152

Registration District No. FILED OCT 23 1948

Primary Registration District No. 6076

Registrar's No. 2367

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural: Airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM
(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: 1 month 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Robertson-Airport Township 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Jewish Sanatorium 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mandel Loeb
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

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

9. Birthplace: Russia 6 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....

FATHER
12. Name: Unknown 1
13. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. Selig Simon
(b) Address: Jewish Sanatorium
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth Cemetery
18. (a) Signature of funeral director: Berger Memorial Chapel, Inc
(b) Address: 4715 McPherson Blvd.
19. (a) 10-13-48 (Date received by local registrar) (b) Carl G. Hogan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 12 year: 1948 hour: 5 minute: 15 P.M.
21. I hereby certify that I attended the deceased from September 4, 1948 to October 12, 1948 that I last saw him alive on October 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypernephroma	1 yr
Due to: Metastasis to lungs	1 yr
Due to: 52 a	
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: 0
23. Signature: Selig Simon (M. D. or coroner)
Address: JEWISH SANATORIUM Date signed: Oct. 12 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Fee Road, St. Louis County,
P. O. Robertson, Mo.

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

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 Ketter

Licensed Embalmer No. 3880

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.