No. 300
I—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38001

FILED DEC 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10404

WRITE PLAINLY—USE 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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 - weeks (Specify whether
In this community 52 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1220 N. 9th St.
(If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alex Crall.

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 Married 1

6. (b) Name of husband or wife Minnie Crall

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 66 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace (City, town, or county) Russia 1 (State or foreign country)

10. Usual occupation Iron Dealer

11. Industry or business Merchant

FATHER
12. Name Jacob - Crall 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Chasa - Ruchel Shapiro
15. Birthplace (City, town, or county) Russia 1 (State or foreign country)

16. (a) Informant Mrs Minnie Crall
(b) Address 1220 N. 9th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chevra Kadisha

18. (a) Signature of funeral director Oenhandler E.L.
(b) Address 5010 Enright

19. (a) NOV 30 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 12 minute 10 p M.

21. I hereby certify that I attended the deceased from 7/21, 1945, to 11/29, 1948
that I last saw him alive on 11/29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Hypernephroma to lungs, pleura, abdomen	6 wks.
Due to: Hypernephroma kidney (operation Jan 48)	1 yr.
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Hypernephroma.
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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Arthur E. Strauss (M. D. or other) M.D.
Address 539 N. Grand Date signed 11/30/48

(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. W. R. Chandler

Licensed Embalmer No. 2669

P. O. Address. 5010 Enright

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.