

IN 3 - 1938

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19465
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 101 Registered No. 965
(c) City Clayton (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

2. PRINT FULL NAME Morris Sofian 150

(a) Residence, No. 4629 Page St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
Mollie Sofian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, and year) June 2, 1938 11. Total time (years) spent in this occupation 10 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER 13. NAME Nathan Sofian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Martha Pearlman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Nathan Sofian
6609 Clemens

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed ShelEmeth DATE June 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Den Kayler Funeral Home
7469 Washington Blvd.

20. FILED JUN 3 - 1938 J.K. Melus M.D. Reg.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accidental fall off step-ladder.
Fractured skull
Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? clinical signs Were an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 6/2/38
Where did injury occur? Richmond Heights, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
While working at a garage
Manner of injury Fall off ladder
Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Ladder required in working as a carpenter.
(Signed) John O. Conolly M. D.
(Address) Coroner of St. Louis County, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Willard J. Oxenhandler, Licensed Embalmer No. 3669
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed WJ Oxenhandler
Licensed Embalmer No. 3669

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.)