

REC'D FEB 10 1939

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

791  
1003

544  
Do not use this space.

Registered No. 544

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Jewish 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stillborn (Dreyfus)

(a) Residence, No. 1370 Montclair St. 6  
(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 (write the word) -----

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15- 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -----  
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) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. C13. NAME Maury Dreyfus14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. C15. MAIDEN NAME Leona Seigal16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.17. INFORMANT Maury Dreyfus (ADDRESS) 1370 Montclair18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emet DATE Jan. 18, 193919. FUNERAL DIRECTOR (NAME) Hermon Rindkopf (ADDRESS) 5216 Delmar Blvd.20. FILED JAN 17 1939 J. D. Brubaker Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 15, 193922. I HEREBY CERTIFY, That I attended deceased from 1-15, 1939, to 1-15, 1939, 1939I last saw him alive on 1-15, 1939, 1939 Death is saidto have occurred on the date stated above, at 11:10 A.

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

Date of onset

Still born

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 1939

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify .....

(Signed) D. O. Lester, M. D.(Address) 45376 Jay Ave

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.

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**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.....

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, above space should be left blank.**