

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

16116  
Do not use this space.

DEC'D MAY 11 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township St. Ferdinand Primary Registration District No. 700 Registered No. 631

(c) City Pattonville (d) Street No. Jewish Sanatorium 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 6 4

2. PRINT FULL NAME Eli Israel (also known as Elias Israel Owitz) and Ezeriel.

(a) Residence, No. 1717 Biddle St.  St. Louis, Mo.

(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 Not Known

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not Known

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

Ab. 75

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as saw mill, bank, etc. Scraps

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lodz Poland

13. NAME (FATHER) (unk)

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

15. MAIDEN NAME (MOTHER) (unk)

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

17. INFORMANT (ADDRESS) Sam Kopolow 5719 Waterman

18. BURIAL, CREMATION, OR REMOVAL  
PLA Chesed Shel Emeth DATE 4/7/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Berger 4715 McPherson

20. FILED APR 7 - 1939 DR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

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 2PM m.

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

Coronary sclerosis

arteriosclerosis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_, M. D.  
(Signed) John O'Connell  
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 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. 1597

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.**