

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.

DEC 13 1939

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

37607
Do not use this space.
9446
Registered No.

791
1008

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis or (d) Street No. Lutheran Hos. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jacob Tanzer 526
 (a) Residence, No. 4200 Russell St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1861

7. AGE YEARS 78 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Men's Furn. Mer.
 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) Austria ?

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria ?

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria ?

17. INFORMANT Ed Tanzer (ADDRESS) 4200 Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE 11/5/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Rindskopf
2216 Delmar

20. FILE NOV 5 1939 J. F. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Nov 3, 1939
 I last saw him alive on Nov 3, 1939. Death is said to have occurred on the date stated above, at 12:45 p. m.
 The principal cause of death and related causes of importance were as follows:
Decomplicated, infected
173
 Other contributory causes of importance:
Pericarditis Secondary to oper. also
Non malignant
 Name of operation Resection of Bowel Date of 10/25/39
 What test confirmed diagnosis? Cholera Was there an autopsy? no

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 ho

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) a m jr aus (FRANK)
 (Address) 3651 Grand Ave

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

Chas. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address

5216 Delmar

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.