

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19578

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Rural (Robertson, Missouri)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jerush Sanitarium of St Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 34 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6024 Cates Co. (If rural, give location)
(e) If foreign born, how long in U. S. A. 34 years.

3. (a) PRINT FULL NAME JOSEPH STEPENOFF 315

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married
divorced married
6. (b) Name of husband or wife Anna Stepenoff 6. (c) Age of husband or wife if
alive (unk) years
7. Birth date of deceased March 1, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 22 hr. min.

9. Birthplace Riga Latvia 7
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster 7

11. Industry or business _____ 7

MOTHER FATHER { 12. Name Gershon Stepenoff
13. Birthplace Latvia 7
(City, town, or county) (State or foreign country)
14. Maiden name Aseneth (unk)
15. Birthplace Latvia
(City, town, or county) (State or foreign country)

16. (a) Informant Max Stepenoff

(b) Address 6024a Cates

17. (a) burial (b) Date thereof 5/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director H. B. Berger 701

(b) Address 4725 McPherson

19. (a) MAY 24 1940 (b) W. M. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 9:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from
May 25, 1939 to May 23, 1940
that I last saw him alive on May 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tubercu-
losis - Duration 4-5 yrs

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John S. Squire (M. D. or other) 1
Address Jerush Sanitarium Date signed 5/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

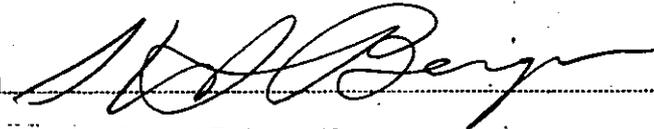
STATEMENT BY LICENSED EMBALMER

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.