

No. 2
1-10-39
-17-39
X21492

SEP 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27076
6972

Registration District No. 791 Primary Registration District No. _____ Registrar's No. _____

I. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 111

3. (a) PRINT FULL NAME Edwin Wexler

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-9-21 (Month) 21 (Day) 21 (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Albert Wexler
13. Birthplace Rumania (City, town, or county) (State or foreign country)
14. Maiden name Mertly Menafsky
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant D. Dummis
(b) Address 500 S King Highway

17. (a) Burial (b) Date thereof 8-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Emith

18. (a) Signature of funeral director Harvard
(b) Address 4469 Washington

19. (a) AUG 17 1940 (Date received local registrar) (b) J. F. Bledock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis, NR
(If outside city or town limits write "RURAL")
(d) Street No. 6220 Page
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 16th
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-12-40, 19____, to 8-16-40, 19____;
that I last saw him alive on 8-16-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic Diarrhea Duration _____
Dehydration, Abdominal and Tetanus

Due to _____

Due to _____

Other conditions Questionable Cerebral Jopry
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1196
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)
(Specify means of injury)

23. Signature Russell J. Blatter (M. D. or other) _____
Address 500 S. King Highway Date signed 8-16-40

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

Not embalmed

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.