

91  
FILED JAN 15 1940

1003

Registrar's No. **9897**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
750 Westgate  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 23 yrs. years

3. (a) PRINT FULL NAME Irvin (Issiedor.) Sirot

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1940 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to coronary atherosclerosis when deceased was found hanging from a chairpost neck at 2979 Riverside drive on Dec 2nd 1940 about 11:15 AM  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 165  
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) Suicide  
(b) Date of occurrence Dec 2 1940  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

(Specify type of place)  
While at work? \_\_\_\_\_  
Means of injury Hanging

23. Signature Arthur Perry (M. D. or other)  
Address Deputy Coroner Date signed 2/4/40

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ether Sirot 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 14, 1903  
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wilmo Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sander Sirot

13. Birthplace Russia

14. Maiden name Sandra Weiner

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant B. Fagin

(b) Address 750 Kingsland

17. (a) Burial (b) Date thereof 12/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Berger & Co. Sg

(b) Address 4715 N. E. Sherman

19. (a) DEC 3 1940 (b) J. H. Bredsch  
(Date received local registrar) (Registrar's signature)

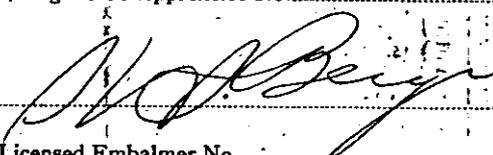
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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, fact should be so stated above.**