

S. No. 2  
4-13-40  
v. 5-17-39  
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8995**  
Registrar's No. **2405**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **5227 Enright 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **55 years**  
years, months or days)

3. (a) PRINT FULL NAME **Nathan M. Yawitz**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Minnie Yawitz** 6. (c) Age of husband or wife if alive **unk** years  
7. Birth date of deceased **March 15, 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 0 1** hr. min

9. Birthplace **Kovna Lithuania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Presser**

11. Industry or business **Clothing Factory**

MOTHER FATHER  
12. Name **Isaac Yawitz**  
13. Birthplace **Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hannah Minnie Olschwanger**  
15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **S. Sacharowitz**  
(b) Address **5570 Cote Brilliant**

17. (a) **Burial** (b) Date thereof **3/17/1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag**

18. (a) Signature of funeral director **H. B. Berger**  
(b) Address **4715 McPherson**

19. (a) **MAR 17 1941** (b) **J. H. Preakeh**  
(Date recorded local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **12500**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **5227 Enright**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **55** **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **16th**  
year **1941** hour **9 P.M.** minute ..... M.  
21. I hereby certify that I attended the deceased from **March 10**, 19**41**, to **March 16**, 19**41**;  
that I last saw him alive on **March 16**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Duration

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **line**  
Of autopsy **line**  
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 **0**

23. Signature **Paul Vinyard** (M. D. or other)  
Address **3718 Olive - St. Louis** Date signed **3-17-41**

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

00  
17  
9

#5

---

---

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