S. No. 2
—11-10-39
. 5-17-3
▶ I X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12042

FILED APR 9 1941

Registration District No. 189 | Primary Registration District No. 209 | Registrar's No. 688

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~Rural, St. Louis Township~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 28 day (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County —
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 6239 Cates or Gibson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME HARRY WAXMAN
3. (b) If veteran, name war no
3. (c) Social Security No. 494-05-9487
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tillie Waxman
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased Ab Jan. 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
ab 51			hr. min.

9. Birthplace Omaha (City, town, or county) Neb. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business wholesale underwear
FATHER 12. Name Bernard Waxman
13. Birthplace Russia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Horwich
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Nathan Waxman
(b) Address 5604 Julian
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (Month) (Day) (Year)
(c) Place: burial or cremation ChesedShelEmeth
18. (a) Signature of funeral director Berger Memorial
(b) MAR 31 1941 4715 McPherson
19. (a) (Date received local registrar) (b) G R Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 7 minute 20 p.M.
21. I hereby certify that I attended the deceased from February 21, 1941, to March 29, 1941; that I last saw him alive on March 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hbp	
Major findings: Of operations Anterior gastrojejunostomy at Jewish Hospital on 1-26-41	PHYSICIAN
Of autopsy	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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) II
Address Jewish Sanatorium Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.