No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16216

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3734

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

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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: 1389 Clara /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 13 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1389 Clara
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 13 0 years.

3. (a) PRINT FULL NAME Harry Tama

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thelma Tama

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

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years ab. 76 Months Days If less than one day hr. min.

9. Birthplace Shedlitz Poland 6 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business retired

MOTHER FATHER
12. Name Isaac Tama
13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca (unk)
15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant S. Bank
(b) Address 916 Trinity

17. (a) burial (b) Date thereof 5/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAY 1 1941 (b) J. H. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30
year 41 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 2-30, 1941, to 4-30, 1941; that I last saw him alive on 4-30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall bladder — Duration

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 Alfred Goldman (M. D. or other)
Address 634 N. Grand Ave. Date signed 5-1-41

(Licensed Embalmer's Statement on Reverse Side)

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.