No. 2
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PI X23159

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16792

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4310

1. PLACE OF DEATH:

(a) County 791

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) 1003

(c) Name of hospital or institution Statler Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County 999

(c) City or town Chicago (If outside city or town limits, write "RURAL") NTR

(d) Street No. 130 N. Lotus (If rural, give location)

(e) If foreign born, how long in U. S. A.? 12 years 2

3. (a) PRINT FULL NAME ALBERT H. CUTTER

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 Dorothy Cutter

6. (c) Age of husband or wife if alive 30 years

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

8. AGE: Years Abt. 41 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Real Estate Operator

11. Industry or business Real Estate

MOTHER FATHER

12. Name Chuna Cutter

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

14. Maiden name Bala

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

16. (a) Informant Mike Feld

(b) Address 6039 Waterman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler

(b) Address 4469 Washington Blvd.

19. (a) MAY 23 1941 (Date received local registrar) (b) J. E. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1941 hour 3 AM minute M.

21. I hereby certify that I attended the deceased from MAY 22, 1941, to ____, 19____; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	½ hour
Due to: Coronary Disease for which he was Treated last 3 years	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): MYOCARDITIS	3 yrs.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Curtis A. Dreyer (M. D. or other) D

Address 647 Century Bldg Date signed 5/22/41

(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.....

myself....., Registered Apprentice No.....

working under my personal supervision.

Signed W. B. Kenhandler

Licensed Embalmer No. 3669

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.