

Registration District No. 751

Primary Registration District No. 1003

Registrar's No. 5459

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAM FARB

3. (b) If veteran, name war no 3. (c) Social Security No. 110

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years Months Days If less than one day  
Abt. 48 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Shoe Maker

12. Name Beril Farb 13. Birthplace Russia

14. Maiden name SUSA RIVKA BLUSTEIN (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. F. Plattner

(b) Address 5656 St. Louis Ave

17. (a) Chevrah Kadishe (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Deanhandle  
(b) Address 4469 Washington

19. (a) JUL 2 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 3141 Easton  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. No Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 1  
year 1941 hour 1045 minute PM

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 \_\_\_\_\_

Due to Chronic Myocarditis

Due to and Edema of the Lungs

Due to Curvature of the Liver

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Thomas F. Callan (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 7/2/41

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

MOTHER FATHER

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*  
.....  
working under my personal supervision.

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

Signed

*W. B. Penhackle*  
.....

Licensed Embalmer No. *3669*  
.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**