

147
No. 2
-1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23896

FILED AUG 28 1941 791

Primary Registration District No. _____

Registrar's No. 6228

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1340a Semple Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sam German

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased about 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 55 hr. min.

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

10. Usual occupation Buyer

11. Industry or business Scrap Metal

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Allan Meyer
(b) Address 4356 Lindell

17. (a) burial (b) Date thereof 7-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director _____
(b) Address 4715 McPherson Ave

19. (a) JUL 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29,
year 1941 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from July 24,
1941 to July 29, 1941
that I last saw him alive on July 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions 97
(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?

While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature Sam B. Laminick (M.D. or other) D
Address 1515 Lafayette Avenue Date signed 7/29/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

not embalmed

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 with the above constitutes grounds for revocation of license.)

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