

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Jewish Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 years (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 630
(c) City or town: St. Louis 5-17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5891 Washington Ave. 9
(If rural, give location)
(e) Citizen of foreign country? ALIEN (Yes or No)
If yes, name country: 35 years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1942 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from Jan. 26
1942 to Jan 26 1942
that I last saw him alive on Jan 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Intra-ventricular hemorrhage 6 hrs.
Duration: 6 hrs.
Due to: Hypertensive Heart Disease years

Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 926
Of autopsy: 926
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: Wallace Rindshoff M.D. or other: MD
Address: Jewish Hospital Date signed: 1/26/42

3. (a) PRINT FULL NAME: JOSEPH RICH

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, widower: widower

6. (b) Name of husband or wife: Mollie Rich 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. 1, 1882 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 25 If less than one day hr. min.

9. Birthplace: Volhynia U.S.S.R. / (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: used clothing

12. Name: Jacob Moses Rich

13. Birthplace: U.S.S.R. / (City, town, or county) (State or foreign country)

14. Maiden name: (Unk) (City, town, or county) (State or foreign country)

15. Birthplace: U.S.S.R. / (City, town, or county) (State or foreign country)

16. (a) Informant: Jack Rich

(b) Address: 5891 Washington Ave.

17. (a) burial (b) Date thereof: 1/28/42 (Burial, cremation, or re: removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hevre Kedisha Berger Memorial

18. (a) Signature of funeral director:

(b) Address: 4715 McPherson

19. (a) 97 104 (b) J. F. Medelk (Date received local registrar's certificate) (Registrar's signature)

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

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1799

844

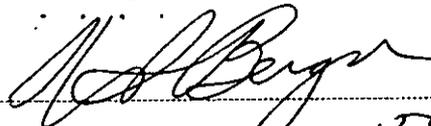
STATEMENT BY LICENSED EMBALMER

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. 1397

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.