

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **40 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **12 800**
 (c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1000 N. KINGSHIGHWAY**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MAX Amsterdam**
 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 **Rose Amsterdam** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **UNKNOWN**
(Month) (Day) (Year)

8. AGE: Years **Abt. 71** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **RESTAURANT**

MOTHER FATHER

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Henry Rake**

(b) Address **46071 Stentlage Dr.**

17. (a) **BURIAL** (b) Date thereof **2-17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shevrah Kadisha**

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

19. (a) **FEB 17 1942** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **14** - **42**
 year _____ hour **2** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Feb 1-42**
 _____ 19 _____ to **2 14 42** 19 _____
 that I last saw _____ alive on **2 14 42** 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**
 Duration _____

Due to _____

Due to _____
 Other conditions **Thrombotic Atherosclerosis**
(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. J. Bredek** (M. D. or other) _____
 Address **1875 Madison** Date signed **2-16-42**

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

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

W. B. Kenhandler

Licensed Embalmer No.

3659

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.