S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22790 6175

Registrar's No.

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

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

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. 745 Eastgate
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Morris Greenblatt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Greenblatt

6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years about 67 | Months -- | Days -- | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Tailor

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Joe Greenblatt

(b) Address 7420 Tulane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director A. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) 7-21-1942 (Date received by local registrar) (b) J. F. Badeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour 4.30 minute A.M.

21. I hereby certify that I attended the deceased from Feb 16, 1942, to July 20, 1942 that I last saw him alive on July 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-pneumonia	5 days
Due to: Hed rt hemiplegia 7 days	to death
Due to: General arterio sclerosis	
Due to: Rt hemiplegia from cerebral tumor	

Other conditions (Include pregnancy within 3 months of death): Cancer

Major findings:
Of operations: Negative
Of autopsy: Negative

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 Walter Frohl (M. D. or other)
Address 3720 Washington Date signed July 20 1942

(Licensed Embalmer's Statement on Reverse Side)

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.