

MILNER SEP 1 1942 318

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

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:
MILNER HOTEL 1734 Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution 2 yrs
On Route 2 yrs
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1734 Washington
(If rural, give location)

(e) No (Yes or No)
No Attending Physician
(If yes, name country)

3. (a) PRINT FULL NAME Harry Scholar

3. (b) If veteran, name war No

3. (c) Social Security No. 488-28-7711

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sarah Scholar

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

7. Birth date of deceased March 17 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Roumania 6
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Haberdashery

MOTHER FATHER { 12. Name (unk) Shcolnik

13. Birthplace Roumania 6
(City, town, or county) (State or foreign country)

14. Maiden name Bessie (unk)

15. Birthplace Roumania 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Scholar

(b) Address Milner Hotel

17. (a) burial (b) Date thereof 8/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial
4715 McPherson

(b) Address AUG 21 1942

19. (a) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Coronary Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Pending

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)

(a) Means of injury ?

23. Signature Thomas F. Calloway (M. D. or other) ?
Address Deputy Coroner Date signed 8/21/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

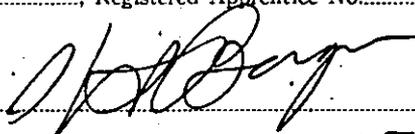
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 1597

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.