

FILED NOV 6 1942

Registration District No.

Primary Registration District No. 115

Registrar's No. 2044

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7235 Dorsett
(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, 28 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University
(If outside city or town limits, write "RURAL")

(d) Street No. 7235 Dorsett
(If rural, give location)

Alien #

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Minné Scharf

(b) If veteran, name war No

(c) Social Security No. NO

4. Sex female 5. Color or race white

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

(b) Name of husband or wife Nathan Scharf

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

7. Birth date of deceased August 8 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 1 24 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Nathan Grunzberg

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

14. Maiden name Nettie (unk)

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

16. (a) Informant Mrs. Nettie Enger

(b) Address 7235 Dorsett

17. (a) burial (b) Date thereof 10/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) Oct - 3 1942 (b) S. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2. year 1942 hour 12:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 2 1942 to..... 19.....

that I last saw him alive on Oct 2 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to.....

Due to..... 940

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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?

While at work?.....
(Specify type of place) (Specify means of injury)

23. Signature S. McPherson (M. D. or other).....

Address 1515 E. Belmont Date signed 10-2-42

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

96
3
5

96
3
5

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. J. Berg
.....
Licensed Embalmer No.....

P. O. Address.....
*1597
4715 McAderson*

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.