

FILED NOV 23 1942 318

Registration District No. _____ Primary Registration District No. 1003

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
In this community 38 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1340 CLARA
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SIMON SHEVITZ

3. (b) If veteran, name war NO 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 ANNA SHEVITZ 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased AUG. 5. 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation TAILOR

11. Industry or business _____

12. Name ABRAHAM SHEVITZ
13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name ESTHER
15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Shevitz
(b) Address 1340 CLARA

17. (a) BURIAL (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Edmund G. ...

(b) Address NOV 15 1942 Washington

19. (a) _____ (b) J. F. Bede
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6/22 1942, to 11/14/42 1942;
that I last saw him alive on 11/14/42 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration hours
Due to My. Sc. At. Div.

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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) (e) Means of injury _____

23. Signature Arthur E. ... (M. D. or other) MD
Address 539 N. Grand Date signed 11/14/42

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. Penhallow

Licensed Embalmer No. *3669*

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.