V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

Registration District No. 3318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4778

Primary Registration District No. 1003

Registrar's No. 1770

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

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hr. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 095
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 Hamilton
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maurice Singer
3. (b) If veteran, name war
3. (c) Social Security No. 493-01-5610

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Singer
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1886 (Year)

8. AGE: Years 56 Months 11 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country) 4
10. Usual occupation Salesman
11. Industry or business Liquor

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Wm. Singer
(b) Address 1249 Hamilton
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cem.
18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1942, to Feb. 21, 1943; that I last saw him alive on Feb. 21, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic lung abscess, Pneumonia, Thrombosis	3 yrs. 4 days
Due to: Lung abscess	
Due to: non-tubercular	
Other conditions (Include pregnancy within 3 months of death): 107	

Major findings:
Of operations
Of autopsy Chronic lung abscess, Pneumonia

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 L. J. Thure O (M. D. or other)
Address 3720 Washington Date signed 2/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 E. 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.