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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8223

Registration District No. FILED MAR 25 1943 318

Primary Registration District No. 1003

Registrar's No. 2552

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 ORTHODOX OLD FOLKS HOME 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: OCW 17 9

(a) State MO (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1438 E. GRAND (If rural, give location)

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

If yes, name country RUSSIA

3. (a) PRINT FULL NAME HYMAN DEUTCH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of ~~husband~~ or wife Late Molca Deutch

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

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

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

✓ abt

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

10. Usual occupation PRESSER

11. Industry or business MEN'S

FATHER
12. Name Edeal Laeb Deutch
13. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)

MOTHER
14. Maiden name SURAH
15. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)

16. (a) Informant Harry Deutch

(b) Address 4022 Jennings Road

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMeth

18. (a) Signature of funeral director Odenhandler

(b) Address 4469 Washington

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MAR 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16 year 43 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov. 1941 to 3/12 1943 that I last saw him alive on 3/12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 hrs
Due to: Arteriosclerotic Heart Disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

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 E. Sigelaff (M. D. or other) MD

Address 625 New Cloth Date signed 3/16/43

(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~~ .....

not Embalmed

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed F B Chenchandler

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.