V. S. No. 2
50M—5-42
Rev. 5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15344

State File No.

FILED APR 26 1943

Registration District No. ~~184~~ 317 Primary Registration District No. ~~280~~ 6076 Registrar's No. 820

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 20, 1942.
(Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. L. 0

(c) City or town ~~St. Louis County~~ PINE LAWN 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2050 North and South Road
(If rural, give location)

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

If yes, name country - 0

3. (a) PRINT FULL NAME Sam. M. Dorfman

3. (b) If veteran, name war World War #1

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased November (Month) 9 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	23	hr. min.

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

10. Usual occupation Drug Clerk

11. Industry or business -

FATHER
12. Name Marcus Dorfman
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Paulina Freedman
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/43 (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) APR 5 1943 (Date received local registrar) (b) E. G. McGarvey, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd, year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from August 20, 1943 to April 2nd, 1943 that I last saw him alive on April 2nd, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, with myocardial damage, myocardial insufficiency and partial A.V. block.	Unknown
Due to -	
Other conditions Nephritis, chronic, with nitrogen retention. Arteriosclerosis generalized. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operation.
Of autopsy No 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) no

(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 [signature] Cochran Cause of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 4/3/43.

907

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1943

1943

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, facts should be so stated above.