

S. No. 2  
DM-2-43  
5-17-39  
1 X32

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16420

State File No. \_\_\_\_\_

ED JUN 9 1943 8

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4906

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 40 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 750 Leland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Moskowitz

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Lena Moskowitz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 20th 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Tailor

11. Industry or business

12. Name Zalman Boruch Moskowitz

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Ethel Fischer

(b) Address 750 Leland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/28/43  
(Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 28 1943 (b) J. F. Brudeck  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1943 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 26, 1943, to May 27, 1943

that I last saw him alive on May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchitis

Due to bronchitis & emphysema

Due to \_\_\_\_\_

Other conditions 107  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. Friedman (M. D. or other) MD

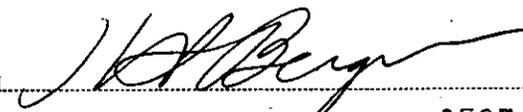
Address 6304 No. Grand Date signed 5/27/43

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

MOTHER FATHER

**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, fact should be so stated above.**