

17348
 V. S. No. 2
 100M-2-43
 Rev. 5-17-39

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27003

FILED SEP 3 1943 318

State File No. _____
 Registrar's No. 7664

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hosnital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
 In this community 35+ years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1323a N. Taylor 119
(If rural, give location)
 (e) Citizen of foreign country Alien # 3639365 (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME David Richmond
 3. (b) If veteran, name war no 3. (c) Social Security No. 496-22-8148

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna Zarwitz Richmond 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unk
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 60 hr. _____ min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation huckster

11. Industry or business _____

MOTHER FATHER { 12. Name Israel Reichman
 13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Judith (unk)
 15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant H.I. Berger
 (b) Address 4715 McPherson

17. (a) burial (b) Date thereof 8/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson
 (b) Address _____

19. (a) AUG 25 1943 (b) J.F. Bredsek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
 year 1943 hour 7:30 minute P. M.
 21. I hereby certify that I attended the deceased from August 24
1943 to August 25, 19 43
 that I last saw him alive on August 25, 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration _____

Due to _____
 Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none

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) (c) Means of injury

23. Signature Russell B. Blanchard (M. D.)
 Address St. Louis City Hosp Date signed 8-26-43

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

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..... *4715 McPherson*

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.