

FILED OCT 26 1943 318

Registration District No. _____

Primary Registration District No. 10

Registrar's No. 8941

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:
Enroute City Hosp. #13
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____ 42 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5750 Vernon
(If rural, give location)
Reg. Alien #
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ben Fitter

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 married

6. (b) Name of husband or wife Ida Friedman Fitter 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased December 25 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 9 15 _____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation Owner

11. Industry or business Cigar store

12. Name Isaac Fitter

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

14. Maiden name Rose Schneider

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

16. (a) Informant Mrs. Ida Fitter

(b) Address 5750 Vernon

17. (a) burial (b) Date thereof 10/12/43
(Burial, cremation, or removal) (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) OCT 11 1943 J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion,
Coronary Sclerosis,
MI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
 Address _____ Date signed 10/10/43

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.....

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.