

FILED MAR 20 1944

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

2268

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-14-44-3-6-44
(Specify whether)
 In this community 38 yrs
years, months or days

3. (a) PRINT
FULL NAME

Heiman Corson

3. (b) If veteran,

name war No

3. (c) Social Security

No 493-24-5298

4. Sex Male 5 Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Klewansky Corson
 6. (c) Age of husband or wife if alive (unk) years
 7. Birth date of deceased Aug. 9 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 27 hr. min.

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

10. Usual occupation Packer11. Industry or business mens hats

MOTHER FATHER

12. Name Morris Korsansky
 13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
 14. Maiden name Ida Sarah (unk)
 15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Goldman(b) Address 5585 A Page Blvd.

17. (a) burial (b) Date thereof 3/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth18. (a) Signature of funeral director Berger Memorial(b) Address 4715 McPherson

19. (a) MAR 8 1944 J. F. Budesh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17
 (c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
 (d) Street No. 5585 A Page Ave.
(If rural, give location)
 (e) Citizen of foreign country? Alien # 4934587 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
 year 1944 hour 9 minute 35 a.m.

21. I hereby certify that I attended the deceased from 1-14-44
 19 to 3-6-44 19
 that I last saw him alive on 3-6-44 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 9/1
 Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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) _____
 (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) (d) Means of injury

23. Signature Dr. Maxwell (M. D. or other) _____
 Address 5600 Arsenal St Date signed 3-6-44

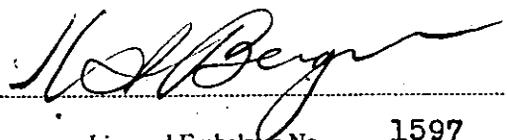
STATEMENT BY LICENSED EMBALMER

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.