

Registration District No.

318

Primary Registration District No.

1003

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

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 years years, months or days)

3. (a) PRINT FULL NAME Harry Daniel

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 Esther Daniel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 10, 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Bessarabia USSR. 6
(City, town, or county) (State or foreign country)

10. Usual occupation tailor

11. Industry or business unemployed

12. Name Rubin Hirschowitz

13. Birthplace USSR. 6
(City, town, or county) (State or foreign country)

14. Maiden name Frieda (unk.)

15. Birthplace USSR. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Rosenthal

(b) Address 7125 Stanford

17. (a) Burial (b) Date thereof 7/12/1944
(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 ave.

(b) Address _____

19. (a) JUL 12 1944 (Date received local registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7125 Stanford (If rural, give location) NR
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour 3:15 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to July 11, 1944, and that death occurred on the date and hour stated above. that I last saw h. im alive on July 11, 1944.

Immediate cause of death: Pneumonia of sigmoid auricular fibellation
Due to Myocarditis, Chronic

Due to _____
Other conditions: H6
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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? _____

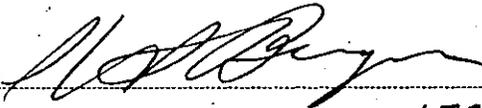
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Harman M. Meyer (M. D. or other) no
Address 508 N. Grand Date signed 7/12/44

844

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.