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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1945
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4605**
Registrar's No. **1366**

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:
5840 Terry Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Meyer Minkowitz
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Minnie Minkowitz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased about 1889
(Month) (Day) (Year)

8. AGE: 60 years Months -- Days --
If less than one day
about hr. -- min.

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

10. Usual occupation Retired

11. Industry or business Junk Business

12. Name Unknown
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Betta Seigelman
(b) Address 5840 Terry

17. (a) Burial **(b) Date thereof** 2 12 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel St. Emmit

18. (a) Signature of funeral director H. Kuschtopf
(b) Address 5216 Delmar Blvd.

19. (a) FEB 12 1945 **(b) J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5840 Terry Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1945 hour 6 minute 00 P.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: Hemorrhage due to laceration
that would require surgical work
Re. was found in his home
Due February 10 1945 about
5:20 pm
Due to _____

Other conditions _____
(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) suicide
(b) Date of occurrence Feb 10 1945
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Patricia E. Taylor (M.D. or other) _____
Address _____ Date signed 2/12/45

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.....

4029

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.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1366

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
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. 5840 Perry
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Meyer Minkovitz
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 2 day 10
year 1945 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.

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

Immediate cause of death _____
Duration _____

7. Birth date of deceased About 1884
(Month) _____ (Year) _____

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

Due to _____
Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

Major findings: _____
Of operations _____

12. Name _____

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

14. Maiden name _____

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

Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-21-45 (b) JF Bradeck
(Date received local registrar) _____ (Registrar's signature) _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER

4606