

Registration District No. H2

Primary Registration District No. 1000

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph 11
(If outside city or town limits, write "RURAL")

(d) Street No. 708 So 10th 1
(If rural, give location)

(e) Citizen of foreign country? No D (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Max Bratinsky

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1945 hour 5 minute A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 7 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24, 1945 to Feb. 20, 1945
that I last saw him alive on Feb. 19, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>?</u>	<u>?</u>	hr. _____ min. _____

Immediate cause of death _____ Duration _____

Due to pneumonia - bronchial 1 day

Due to myocardial insufficiency 2 mo.

Due to coronary sclerosis & coronary occlusion 1 yr.

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

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

10. Usual occupation Retired salesman

Major findings: None

Of operations _____

Of autopsy None

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

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

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? _____

16. (a) Informant Mrs Harry Swartz

(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 2-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bro. Yzakov Cem.

(Specify type of place) _____

While at work? _____ (a) _____ (b) _____ (c) _____

23. Signature [Signature] (M.D. or other) _____

Address 1218 N. 3rd St. Date signed 2/20/45

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 2-21-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address: St Joseph, Mo

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.