. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945 318

State File No. 25456

Registration District No. 1003 Primary Registration District No. Registrar's No. 6996

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 32 years
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. 1209 Hamilton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Brailow

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased — (Month) — (Day) — (Year)

8. AGE: Years about 46 | Months — | Days — | If less than one day hr. min.

9. Birthplace Kiev (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Israel Brailow
13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER
14. Maiden name Libby Kassan
15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant Miss Jenny Brailow
(b) Address 1209 Hamilton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue

19. (a) AUG 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 29, 1945, to August 7th, 1945, that I last saw him alive on August 7th, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung — Duration 2 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

47

Major findings:
Of operations
Of autopsy none

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 Thomas Alex M.D. (M. D. or other)
Address Jewish Hospital Date signed 8/9/45

(Licensed Embalmer's Statement on Reverse Side)

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.