S. No. 2
M—5-43
. 5-17-39
I X36671

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

State File No. 15279

FILED APR 24 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3484

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: City 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 12/17
(If outside city or town limits, write "RURAL")
(d) Street No. 4730a Page 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Vinocor
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 Etta Vinocor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 82			hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Presser
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia (City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Vinocor
(b) Address 5610 Etzel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director
(b) Address 5216 Delmar Blvd.
19. (a) APR 16 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1946 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Mar 31, 1946 to Apr 12, 1946 that I last saw him alive on Apr 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar — Duration
Due to
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)
(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) City Hospital (M. D. or other)
Address Date signed 4/12/46

(Licensed Embalmer's Statement on Reverse Side)

3184

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.