

7. S. No. 2
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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28444

State File No. _____

FILED AUG 27 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7103**

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
6736 Westminister 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 25
 years, months or days (Colo)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5736 Westminister
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. CYRIL BIRENBAUM (Colo)
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
 year 1946 hour 11:30 minute PM
21. I hereby certify that I attended the deceased from Aug 3
 1946 to Aug 15 1946
 that I last saw her alive on Aug 15
 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or** white
6. (a) Single, widowed, married, widowed
6. (b) Name of husband or wife MORRIS BIRENBAUM
6. (c) Age of husband or wife if _____
 alive _____ years

Immediate cause of death Cardiac failure

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

8. AGE: abt 67 Years _____ Months _____ Days _____
 If less than one day _____ hr. _____ min.

Due to Arteriosclerotic heart disease

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

10. Usual occupation HOUSEWORK

Due to _____

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

11. Industry or business HOUSEWIFE

12. Name SOLOMON FRIEDMAN
13. Birthplace POLAND
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

14. Maiden name FANNIE
15. Birthplace POLAND
 (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 Jannie Birenbaum
(b) Address 5736 Westminister

17. (a) BURIAL (b) Date thereof 8-16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place)
 (c) Means of injury d

18. (a) Signature of funeral director Cherah Kadisha
(b) Address 4469 Washington

19. (a) AUG 15 1946 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

23. Signature Burton A. Stutz (M. D. or other) M.D.
Address 408 S. Hanley Rd. **Date signed** 8-15-46

(Licensed Embalmer's Statement on Reverse Side)

SAATZ

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

MOTHER FATHER

27200

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.

Not Embalmed

Signed.....
W. J. Olenhander
Licensed Embalmer No. *2669*

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.