

No. 2  
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-17-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32217

FILED OCT 31 1946  
Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 8362

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: Jewish Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution. 2 Days  
In this community 34 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JACOB SHERR  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. GITTLE SHERR 6. (c) Age of husband or wife if alive. 68 years  
7. Birth date of deceased. Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 67 - - - - - hr. min.

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

10. Usual occupation TAILOR

11. Industry or business MENS

MOTHER FATHER

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 Max Sarah Burdoff

(b) Address 5756 Kingsbury

17. (a) Burial (b) Date thereof Sept. 29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Crest Shel Emeth

18. (a) Signature of funeral director Oxendler Funeral Home  
(b) Address 1446 9 Washington Blvd.

19. (a) SEP 29 1946 (Date received local registrar)  
J. F. Bredet (Registrar's signature)

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. 5962 Wells  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 29<sup>th</sup> day September  
year 1946 hour 8 minute 35 A M.  
21. I hereby certify that I attended the deceased from Sept. 27  
1946, to Sept. 27, 1946  
that I last saw him alive on Sept. 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive Cardio. renal disease  
Due to Uremia  
Duration 5 yrs 3 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
1 2 1

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? \_\_\_\_\_  
23. Signature Herzog M. Meyer (M. D. or other) MD  
Address 508 N. Grand Date signed 9/29/46  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

(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.

*Not Embalmed*

Signed *[Signature]*  
Licensed Embalmer No. *3669*  
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.**