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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 21 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 620

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 1/10/47
(Specify whether _____)

In this community 48 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL" _____)

(d) Street No. 7124 Cambridge
(If rural, give location) _____

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

3. (a) PRINT FULL NAME FISHMAN, David

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Fannie Fishman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 9, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>2</u>	<u>2 hr. 25 min.</u>

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Jacob Fishman

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

14. Maiden name Dora (Unknown)

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

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

17. (a) burial (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. I. Berger, Fun. Dir.

(b) Address 4715 McPherson, St. Louis, Mo.

19. (a) 3-18-47 (b) Arthur J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 2:25 minute _____ A.M.

21. I hereby certify that I attended the deceased from January 10, 1947, to March 12, 1947;
that I last saw h im alive on March 12, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration unk.

Due to _____

Due to _____

Other conditions diabetes mellitus unk.
(Include pregnancy within 3 months of death)

Major findings: no operation

Of autopsy no 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) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature L. E. Stillwell (M. D. or other) _____

Address Vet. Adm. Hosp., Jef. Bks., Mo. Date signed 3-12-47

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

MOTHER FATHER

MAY 27 1947

APR 3 1947

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.....

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.