S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25357

Registrar's No. 6858

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6053 Maple Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 5 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH BROWNSTEIN

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Tessie Brownstein

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

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

8. AGE: Years About 63 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Dispatcher 1

11. Industry or business Service Car Company

FATHER
12. Name Isadore Brownstein 1
13. Birthplace ..... (City, town, or county) Roumania (State or foreign country)

MOTHER
14. Maiden name Frances Rosenbeaht 4
15. Birthplace ..... (City, town, or county) Austria 7 (State or foreign country)

16. (a) Informant Mrs. Frances Summers

(b) Address 5797 Westminister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/1947 (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) JUL 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Coronary Heart	
Due to: Disease	
Due to: 94	
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 2 0

23. Signature Alfred Perry (M. D. or other)

Address Deputy Chairman Date signed 7/22/47

(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.....

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.