

No. 300  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 11 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7047  
Registrar's No. 2090

Registration District No. 318 Primary Registration District No. 1003

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 or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME JOSEPH SKATOFF  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 492-01-319

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Late ANNA SKATOFF  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years abt 60 Months - Days - If less than one day hr. min.

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

10. Usual occupation CABINET MAKER

11. Industry or business FURNITURE

12. Name BENJAMIN SKATOFF

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

14. Maiden name Edith

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

16. (a) Informant I saw Skatoff  
(b) Address 5857 Cote Brillante

17. (a) BURIAL (b) Date thereof 3-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chevroly Kadish

18. (a) Signature of funeral director Openhandler  
(b) Address 5010 Enright

19. (a) MAR 1 (b) 1948  
(Date received local registrar) (Year)  
J. T. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5857 Cote Brillante  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 28  
year 48 hour 11 minute 45 PM  
21. I hereby certify that I attended the deceased from Feb 27  
48, 1948, to Feb 29, 1948  
that I last saw him alive on Feb 28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 36 hours  
Due to 9 H  
Due to arteriosclerosis schvork many years  
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 Joseph Magidson (M. D. or other) MD  
Address 5701 W. 12th Date signed 2-29-48

08-22-06

---

---

**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 *W. Penhandler*  
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.**