

Registration District No. 318

Primary Registration District No. 100's

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

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: 5605a Maple
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs.
(Specify whether years, months or days)

In this community 25 yrs.

3. (a) PRINT FULL NAME MORRIS WOOL WOOL

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Mollie Wool 6. (c) Age of husband or wife if alive 9-25-1883

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

8. AGE: 64 Years Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Paper Carrier

11. Industry or business

MOTHER FATHER { 12. Name Isaac Wool

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

14. Maiden name

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

16. (a) Informant Charlotte Wool

(b) Address 5605a Maple

17. (a) Burial (b) Date thereof 5/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger Memorial

18. (a) Signature of funeral director Chesed Shel Emeth

(b) Address 4725 McPherson Av.

19. (a) MAY 2 1948 (b) J. F. Braden
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5 5605a Maple
(If rural, give location) 9

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from JUNE
1947 to April 30 1948;

that I last saw him alive on April 30 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 1 hour

Due to ARTERIOSCLEROTIC HEART DIS 1 year

Due to

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? (c) Means of injury

23. Signature David Friedman (M. D. or other) MD.
Address 539 N. Grand Date signed 5/1/48

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.....
Paulo Judwig
Licensed Embalmer No. *4229*

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.