

No. 300  
-10-47  
-17-39  
P 3906

#71586  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 12 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17590  
State File No. 4829  
Registrar's No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 30 years In hospital or institution. (Specify whether years, months or days)  
In this community 30 years

3: (a) PRINT FULL NAME MORRIS GINSBERG  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Romania (City, town, or county) (State or foreign country)  
10. Usual occupation Blacksmith

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace Romania (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Romania (City, town, or county) (State or foreign country)  
16. (a) Informant Father Eichenstein  
(b) Address 5353 Baltimore  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-1948 (Month) (Day) (Year)  
(c) Place: burial or cremation Chapel Street Cemetery  
18. (a) Signature of funeral director Asenhandler  
(b) Address 5010 Emory  
19. (a) MAY 26 1948 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo. 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1209 N. 13th St. 9  
Memorial 25 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24th  
year 1948 hour 3 minute 00 P. M.  
21. I hereby certify that I attended the deceased from 5/19/48  
\_\_\_\_\_, 19\_\_\_\_, to May 24th, 1948  
that I last saw him alive on May 24th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death pericardial aneurysm Duration 1 yr.  
Due to \_\_\_\_\_  
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? \_\_\_\_\_  
While at work Frank J. Eichenstein  
23. Signature 1515 Lafayette 5/24/48 (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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. J. Greenhandler*

Licensed Embalmer No. *3669*

P. O. Address *5010 Enright*

**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.**