S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38957

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 2621

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5680 Westminster
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Fitter
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 Widower
6. (b) Name of husband or wife Tzirel Fitter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	89	--	--	hr. min.

9. Birthplace Russia (City, town, or county) Russia (State or foreign country)
10. Usual occupation Retired Miller
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Meyer Kranzberg
(b) Address 5588 Waterman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation ChesedShel Emeth Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) 11-12-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1948 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from October 24, 1948, to November 11, 1948, that I last saw him alive on November 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death purulent Nephritis	7 weeks
Due to	
Due to 1336	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address JEWISH SANATORIUM Date signed 11/4/48
Fee Road, St. Louis County,
P. O. Robertson, Mo.

Jefferson City Printing Co. (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.

NO EMBALMING

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.