

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6141

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1042

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2214  
 d. STREET ADDRESS (If rural, give location) 2100 Olive Street

3. NAME OF DECEASED  
 a. (First) BENJAMIN b. (Middle) \_\_\_\_\_ c. (Last) GREENBERG

4. DATE OF DEATH (Month) (Day) (Year)  
 Jan. 31, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) Abt. 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Greenberg

13b. MOTHER'S MAIDEN NAME MINKIX Unknown

14. NAME OF HUSBAND OR WIFE Clara Greenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Greenberg-2100 Olive St.

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gunshot wounds of skull and brain, when shot at the club premises, 2839 Olive St around 200 am Jan. 31, 1951. Whether shot by one Sam Marfia or party or parties unknown. Conditions contributing to the death but not related to the disease or condition causing death.  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 11. OTHER SIGNIFICANT CONDITIONS party or parties unknown could not be determined  
 INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION Homicide

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Club

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo., \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 31 51 200 A m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 239 A m., from the causes and on the date stated above.

23a. SIGNATURE \_\_\_\_\_ (Degree or title) Deputy Coroner 3

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 2/2/51

24a. BURIAL (i.e., CREMATION, REMOVAL) (Specify) Burial

24b. DATE 2/2/51

24c. NAME OF CEMETERY OR CREMATORY Chevrah Kadisha Cem.

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. FEB 2

REGISTRAR'S SIGNATURE J. B. Cassin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Rudolph 5216 Delmar

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

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John Ketter*

Licensed Embalmer No. 3880

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.