

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

291  
Do not use this space.

291

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003  
(b) Township 1 Primary Registration District No. 1003 Registered No. 291  
(c) City St. Louis (d) Street No. Jewish Hospital St. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 Frieda Sander

(a) Residence, No. 5768 Kingsbury St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sol Sander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 58 — — — — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

FATHER 13. NAME Moser Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER 15. MAIDEN NAME Rachael Kutner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

17. INFORMANT (ADDRESS) Sol Sander  
5768 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE January 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman Pindskopf  
5216 Delmar

20. FILED J. F. Beckler  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 8, 1939  
I last saw her alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset Jan 8/39  
Coronary sclerosis 1938

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Arteriosclerosis M. D.  
(Signed) Armed B. Tansley  
(Address) 4520 Olive St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1939

**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

*Char W. Cooper*

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

**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, above space should be left blank.**