

JAN 12 1939 791
Registration District No. 1000

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Annie S. Milstone 423

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Isadore Milstone 6. (c) Age of husband or wife if alive (unk) years

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

8. AGE: Years ab. 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Herman Silberstein 7

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

14. Maiden name Dora (unk)

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

16. (a) Informant's own signature Mrs. Florence Lipshitz

(b) Address 5370 Parshing

17. (a) burial (b) Date thereof 12/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) DEC 15 1939 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4720e Newberry Terr.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 14
year 1939 hour 7 : 15 minutes P. M.

21. I hereby certify that I attended the deceased from Dec 2
1939 to Dec 14, 1939
that I last saw h. AT alive on Dec 14, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
relapsed carcinoma of cervical vertebrae

Due to ca of Breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Sara Schneider (M. D. or other) _____
Address 216 S. Kingshighway Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

STATEMENT BY LICENSED EMBALMER

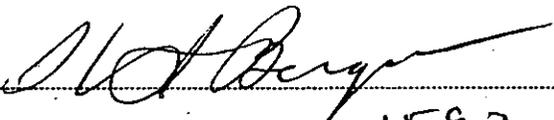
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herbert L. Berger.....

Registered Apprentice No.....

working under my personal supervision. **4716 McPHERSON AVE.**
ST. LOUIS, MO.

Signed.....



Licensed Embalmer No.....

1597

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, above space should be left blank.