

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH

(a) County St. Louis
(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 Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis 12
0 5330 Pershing (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Matilda Block

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Block

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. (Month)

5 (Day) 1857 (Year)

8. AGE:

Years 83

Months -

Days -

If less than one day
hr. _____ min. _____

9. Birthplace

Mississippi

(City, town, or county)

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

Simon Kauffman

12. Name

Miss.

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Martha Gray

Miss.

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

James Singer

(b) Address

49 Kingsbury Pl.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Sept. 8-40

(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Sinai Cem.

18. (a) Signature of funeral director

H. Rindskopf

(b) Address

5216 Delmar

19. (a) SEP 7 1940

(Date received local registration)

(b) J. P. Braddock

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5-40
year 1940 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from Feb. 16, 1940, to Sept 5, 1940
that I last saw her alive on Sept. 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho pneumonia

Duration

48 hrs.

Due to

Neurileucoma

Duration

6 yrs

Due to

art. sclerosis
arterio sclerotic heart disease

Duration

years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

as above

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? _____

(Specify type of place)

Means of injury _____

23. Signature Jewelry Salomoni (M. D. or other)

Address 500 Olive Date signed 7/6/40

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

FILED OCT 25 1940

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.....

C. W. Cooper

Licensed Embalmer No. *5830*

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, fact should be so stated above.