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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30437

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7714

FILED OCT 25 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 826 No 8th Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ruth Glass
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 Married
6. (b) Name of husband or wife Max
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Unknown. (Month) (Day) (Year)
8. AGE: Years about 55 Months Days If less than one day hr. min.
9. Birthplace Rumania (City, town, or county) (State or foreign country)
10. Usual occupation House wife.
11. Industry or business
MOTHER FATHER
12. Name Isaac Blum
13. Birthplace Rumania (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Rumania (City, town, or county) (State or foreign country)
16. (a) Informant Bernard Glass
(b) Address 1144 Hamilton
17. (a) (Burial, cremation, or removal) (b) Date thereof 9-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem
18. (a) Signature of funeral director H Rindskopf Und Co
(b) Address 5216 Delmar
19. (a) SEP 15 1940 (Date received local registrar) (b) J. Theodore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1940 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw it alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Primary Sclerosis
Due to Cerebral Hemorrhage
Due to Coronary Thrombosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Hypertension
Of autopsy 131

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? (Specify type of place)
While at work? (e) Means of injury
Signature Joseph M. Sommer (M. D. or other)
Address 3 Depaul Square Date signed

(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.

Signed C. 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.