

Registration District No. **791**

Primary Registration District No. **1003**

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: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **23 years**
years, months or days

3. (a) PRINT FULL NAME **Ida Strauss**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry Strauss** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **Ab. 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Ab. 54 hr. min.

9. Birthplace **Kiev** **U.S.S.R.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Nathan Marks**

13. Birthplace **U.S.S.R.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca (unk)**

15. Birthplace **U.S.S.R.**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. Strauss**

(b) Address **1335 Blackstone**

17. (a) **Burial** (b) Date thereof **10/9/1940**
(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) **OCT 9 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **1335 Blackstone**
(If rural, give location)

(e) ~~Physician has attended in U.S.A. 39~~
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7**
year **1940** hour **9** minute **10** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**

Due to **Pericardium**

Due to _____

Other conditions **f 2a**
(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) (M. D. or other)

23. Signature **Alfred Perry** (M. D. or other) **5**
Address **1335 Blackstone** Date signed **10/9/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

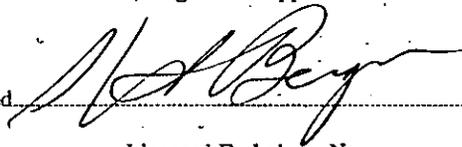
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....



.....
Licensed Embalmer No.

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.