

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21497

FILED DEPT

76

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

39815

State File No. \_\_\_\_\_

7-1540  
Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2119

I. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural; St. Bernard Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Koberstein Jewish Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 27 days  
(Specify whether  
In this community 7  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5842 Page  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME EVA STERN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 16 1924  
(Month) (Day) (Year)

8. AGE: Years 16 Months 6 Days 23 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 Abraham Stern \_\_\_\_\_

13. Birthplace Yampole Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Bora Rabushka \_\_\_\_\_  
(City, town, or county) (State or foreign country)

15. Birthplace Kramitz Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant A. Stern  
(b) Address 5842a Page

17. (a) burial (b) Date thereof 11/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Chesed Shel Emet

(c) Place: burial or cremation H. B. Berger

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 4715 McPherson  
19. (a) NOV 10 1940 (b) IK Meyer M.D. PH  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 19  
year 1940 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 12, 1939 to Nov. 9, 1940;  
that I last saw him alive on Nov 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death CACHEXIA

Due to EWING SARCOMA OF 4th & 5th LUMBAR VERT.

Due to 53

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations LAMINECTOMY - 9/9/39 at JEWISH HOSPITAL ST. LOUIS, MO. SHOWED ABOVE FINDINGS.  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO

(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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_

23. Signature IK Meyer M.D. PH (M. D. or other) MD.  
Address JEWISH SANATORIUM Date signed 11/9/40  
Dr. ROBERTSON, MD.

Duration 13 MON.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

---

---

**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. 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.**