

No. 2
4-13-40
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8558**
1968
Registrar's No. _____

Registration District No. **791** Primary Registration District No. _____

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 HOSPR. D**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Chirel Fitter**

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 **Joseph Fitter**

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

7. Birth date of deceased **Jan. 2, 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	29	hr. _____ min.

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

10. Usual occupation **At Shomā.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Moses B. Iker**

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

14. Maiden name **Sarah Adele Iker**

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

16. (a) Informant **Joseph Fitter**

(b) Address **5780 Westminster**

17. (a) **Burial Shel Emeth** (b) Date thereof **Mar. 2, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **MAR 2 1941** (b) **J. H. B. Lebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **090**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **5 17 9**

(d) Street No. **5780 Westminster**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **50** years **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**
year **1941** hour **7** minute **7** P. M.

21. I hereby certify that I attended the deceased from **now**
_____, 19**40**, to **March 2, 1941**
that I last saw her alive on **March 2, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subarachnoid Hemorrhage** **4 weeks**
Arteriosclerotic Heart Disease?

Due to **Chr. Emphysema** **?**

Other conditions **101**
(Include pregnancy within 3 months of death)

Major findings: **101**
Of operations _____

Of autopsy **none**

Duration

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)

(e) Means of injury **5** **2nd**

23. Signature **E. S. S. S. S.** (M. D. or other) **2nd**

Address **622 Renov. Club Bldg** Date signed **3/2**

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

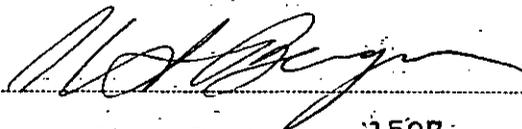
STATEMENT BY LICENSED EMBALMER

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. 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, fact should be so stated above.