

No. 2
4-13-40
5-17-39
PI X28130

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16236

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3754

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:
5701 McPherson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 61 yrs.
years, months or days)

3. (a) PRINT FULL NAME Henrietta Caro

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 Emil Caro 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 75 -- -- hr. min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Joe Achim
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Caro
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Babette Lipsitz

(b) Address 5740 Waterman Ave.

17. (a) Burial (b) Date thereof 5-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Berman

(b) Address 5216 Delmar Blvd.

19. (a) MAY 2 1941 (b) J. F. Meduck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5701 McPherson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 30 day
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 1932
to Apr 30, 1941;
that I last saw her alive on Apr 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Due to Hypertension

Due to _____
Other conditions
(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? 4421

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature J. F. Meduck (M. D. or other) D
Address 5727 Delmar Date signed 5-1-41

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

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MOTHER FATHER

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

Chas 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 with the above constitutes grounds for revocation of license.)

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