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X26390

Registration District 111 Primary Registration District No. 111 Registrar's No. 1332

FILED JUL 7 1941

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St Mary's Hospital

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Clacie Epstein

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 Single

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

7. Birth date of deceased Unknown

8. AGE: Years Months Days If less than one day

About 73 -- -- hr. min.

9. Birthplace Aurora / Indiana

10. Usual occupation At. Home

11. Industry or business _____

12. Name Abraham Epstein

13. Birthplace Unknown

14. Maiden name Betty Meyer

15. Birthplace Unknown

16. (a) Informant Henry Epstein

(b) Address 5641 Clemens Ave.

17. (a) Removal (b) Date thereof 6-25-1941

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Herman Riedel

(b) Address 5216 Delmar Blvd.

19. (a) JUN 25 1941 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis

(d) Street No. 5641 Clemens Ave.

(e) Citizen of foreign country? / (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1941 to June 24 1941;

that I last saw her alive on June 23 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 4 hr

Due to vascular thrombosis intestines 4 da

Due to _____

Other conditions Cancer stomach old apoplexy ?

(Include pregnancy within 3 months of death)

Major findings: Of operations if 0

Of autopsy Cancer stomach vascular thrombosis of intestine

Duration

4 hr

4 da

?

6 wks. 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 _____

23. Signature L. Law B. Allen (M. D. or other) _____

Address University Club Bldg. Date signed 6/24/41

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.....

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.