

No. 2
-13-40
17-39
X23150

FILED AUG 28 1941

State File No. _____

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5719

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

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:
Deaconess 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 _____
years, months or days) 0

3. (a) PRINT FULL NAME Ida Golda Shickman

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 Meyer Shickman 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. 5, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>5</u>	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 Benjamin Danby

13. Birthplace Poland 6 Russia
(City, town, or county) (State or foreign country)

14. Maiden name Ray Arbetter

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Meyer Shickman

(b) Address 7333 Colgate

17. (a) burial (b) Date thereof 7/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUL 11 1941 (b) J. Budack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 096

(a) State Missouri (b) County St. Louis 03

(c) City or town University City 5-
(If outside city or town limits, write "RURAL")

(d) Street No. 7333 Colgate GR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from May 15, 1941 to July 10, 1941;
that I last saw her alive on July 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Perforatory Embolus Instant

Due to Phlebitis in lower & extremity 1 WK

Due to Followed by steady for febrile tumor.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations febrile tumor of uterus non malignant

Of autopsy none

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 _____

23. Signature John D. Hayward (M. D. or other) P

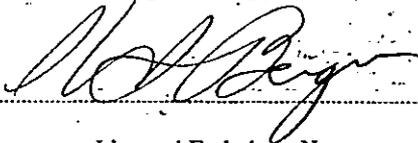
Address Metropolitan Bldg Date signed 7/10/41

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.