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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9093

Registration District No. 791 Primary Registration District No. 1002 Registrar's No. 3109

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 Old Folks Home
(If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution (Specify whether
In this community 40
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000 17

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 9 1

(d) Street No. 1438 E. Grand
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rebecca R Prager

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 widow

6. (b) Name of husband or wife Isaac Prager

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

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

8. AGE: Years ab 70 Months Days If less than one day hr. min.

9. Birthplace Roumania L
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 09
(City, town, or county) (State or foreign country)

16. (a) Informant Sol Schaeffer
(b) Address 5570 Vernon Ave.

17. (a) burial (b) Date thereof 4/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona ~~Berger Memorial~~

18. (a) Signature of funeral director
(b) Address 4715 McPherson

19. (a) APR 7 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1942 hour 4 minute 45A M.

21. I hereby certify that I attended the deceased from July 1932 to April 2 1942
that I last saw her alive on 4/2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease ?

Due to 9 20 h

Due to 9 2 h

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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?
(Specify type of place)

While at work? — (e) Means of injury

23. Signature Dr. E. Schlaeppi (M. D. or other) 0 Med

Address 622 Kennerly Clayton Date signed 4/7/42

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 ..... not embalmed ....., Registered Apprentice No. ..... working under my personal supervision.

Signed ..... [signature]

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.