

S. No. 2
1-14-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16628
5112

State File No.

FILED JUN 22 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4922 Fountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4922 Fountain (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA SARAH SANDWEISS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Abraham Louis Sandweiss 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 73 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Morris Louis Sandweiss

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

14. Maiden name Miriel

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

16. (a) Informant Abraham Louis Sandweiss

(b) Address 4922 Fountain

17. (a) Burial (b) Date thereof 6. 12. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oren Handley
(b) Address 4469 Washington

19. (Date received local registrar) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from January 26 1942 to June 11 1942
and that death occurred on the date and hour stated above.
that I last saw her alive on June 11 1942

Immediate cause of death Acute myocardial infarction - Coronary sclerosis - Chronic Hypertension Duration 15 years
Due to Chronic coronary artery sclerosis - Chronic Hypertension
Due to Tension

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN

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) _____
(A) Means of injury _____
23. Signature Jerome J. Good (M. D. or other) _____
Address 508 N. Grand St. Date signed 6/12/42

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. 3609

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.