S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22614

FILED AUG 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6368

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7024a Amherst
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cecilia Besser

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 Isador Besser

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. (Month) 26 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Krakow (City, town, or county) Poland (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sander Ripp
13. Birthplace Krakow (City, town, or county) Poland (State or foreign country)

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

16. (a) Informant Ben Axelrod
(b) Address 7024a Amherst

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudskopf
(b) Address 5216 Delmar Blvd.

19. (a) JUL 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from April, 1942 to July 28, 1942 that I last saw him alive on July 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis,	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Alfred Feldman (M. D. or other) MD

Address 63 & 14 Grand Date signed 7/28/42

844

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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