

FILED AUG 14 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6704**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **City Sanitarium 2**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **2 1/2 yrs. 5 mos. 20 ds.**  
(If not in hospital or institution, write street number or location)

In this community **About 54 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1117 No. 20th St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **BESSIE MANDEL**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **7**  
year **1942** hour **2:30** minute **A.** M.

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Hyman Mandel**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **May 15, 1886**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-28-42**, 19 to **8-7-42**, 19  
that I last saw her alive on **8-7-42**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:

Years	Months	Days	If less than one day
<b>56</b>	<b>2</b>	<b>23</b>	<b>hr. min.</b>

**Carcinomia of large bowel**  
Due to **7-28-42x**

Due to **Intestinal obstruction secondary to carcinomia**

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

10. Usual occupation **Housework**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No**

11. Industry or business

12. Name **Abr. Grossman**

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

14. Maiden name **Anna Shapiro**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **J. F. Berger**

(b) Address **City Sanitarium**

17. (a) **burial** (b) Date thereof **8/9/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

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

19. (a) **AUG 9 1942** (b) **J. F. Berger**  
(Date received local registrar) (Registrar's signature)

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? **No** (Specify type of place)

23. Signature **J. F. Berger** (M. D. or other)

Address..... Date signed.....

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.....



Licensed Embalmer No.....

1597

P. O. Address.....

4715 McPherson

**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.**