

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9387

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Rose Alpirn

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

7. Birth date of deceased Nov 17, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 22
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Harry Rich

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

14. Maiden name Dora Topper
15. Birthplace USSR. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Annette Alpirn

(b) Address 6261 Clemens

17. (a) burial (b) Date thereof 11/20/42
(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 McSheran

19. (a) NOV 10 1942 (b) J. F. Pridemore (Registrar's signature)
(Date received local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town University City 3 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. 6261 Clemens Ave.
(If rural, give location)
(e) Citizen of foreign country? Naturalized Citizen (No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 9
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from NOV 8 1942
to NOV 8 1942
that I last saw h. ER. alive on NOV 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Infarction 48hrs

Due to Atherosclerosis, Gen
Due to Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NONE

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) (c) Means of injury.

23. Signature W. H. Olmsted (M. D. or other)

Address 3720 Washington Date signed 11/19/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *1597*

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.