V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39429

State File No.

Primary Registration District No. 1003

Registrar's No. 10158

1. PLACE OF DEATH:
(a) County Anna Ulman
(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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 18 5
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 610 Hamilton
(If rural, give location)
(e) Citizen of foreign country? Alien # (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Ulman
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Max Ulman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unk (Month) (Day) (Year)
8. AGE: Years ab 65 Months Days If less than one day hr. min.
9. Birthplace Volhynia (City, town, or county) U.S.S.R. 6 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Isaac Mayer Schwartz
FATHER 13. Birthplace (City, town, or county) U.S.S.R 6 (State or foreign country)
MOTHER 14. Maiden name Rachel (unk)
MOTHER 15. Birthplace (City, town, or county) U.S.S.R. 6 (State or foreign country)
16. (a) Informant Max Ulman
(b) Address 610 Hamilton
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/6/42 (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) DEC 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1942 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 20, 1942, 19..., to Dec 5, 1942; that I last saw him alive on Dec 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
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 Leo A. Sacher (M. D. or other)
Address Jewish Hosp Date signed Dec 5, 42

(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.....

Licensed Embalmer No. 1577

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.