

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4348  
State File No. \_\_\_\_\_  
Registrar's No. **1709**

**FILED MAR 2 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of town)

(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 \_\_\_\_\_  
(Specify whether 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. **710 Leland Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jeanette Jagust**

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 **Isadore Jagust**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Oct. 14 1905**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **4** Days **6**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

12. Name **Isaac Shapiro**

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

14. Maiden name **Hessie Chashen**

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

16. (a) Informant **Isadore Jagust**

(b) Address **710 Leland**

17. (a) **Burial** (b) Date thereof **2-20-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Herman Pinkus**

(b) Address **5216 Delmar Blvd.**

19. (a) **FEB 21 1943** (b) **J. F. Bredack**  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20** year **1943** hour **10** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **June 20, 1933** to **Feb 20, 1943** that I last saw her alive on **Feb. 20, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **carcinoma of liver carcinoma of peritoneum**  
**(Carcinoma of breast removed) in 1939**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **Kenneth Sale** (M. D. or other) \_\_\_\_\_

Address **4500 Olive** Date signed **2/20/43**

Duration **6 mos. + 6 wks.**

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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**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 with the above constitutes grounds for revocation of license.)**

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