No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4935

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1232

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Caruthersville N.R. 78 1 2
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Esther ~~Wolfe~~ Wolf

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 Lee Wolf

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 45 | Months -- | Days -- | If less than one day hr. min.

9. Birthplace Johnsonburg (City, town, or county) Pa. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Eli N. Shamski
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Ella T. Epstein
15. Birthplace Johnsonburg (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Wm. E. Shamski
(b) Address 7659 Carrswold Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 208-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

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

19. (a) FEB 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 12-30-42 - 10:30 P.M. 1942, to 2-5-10 P.M. 1943
that I last saw her alive on 2-5 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Kidney damage
Chr Pyelonephritis

Due to Non capsulous

Other conditions Chronic osteomyelitis
(Include pregnancy within 3 months of death)
Non tuberculous

Major findings:
Of operations
Of autopsy

Duration

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 S. P. Martin (M. D. or other)
Address BARNES HOSPITAL Date signed

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

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