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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1943 318

Primary Registration District No. 1003

Registrar's No. 5223

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 8 Days
(Specify whether years, months or days)

In this community 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis ⁹⁶

(c) City or town ST. LOUIS University City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 7468 GANNON ^{N.R.}
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME ROSE NEWMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ABRAHAM NEWMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 12 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEWIFE

12. Name Jacob GOLDSTEIN

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

14. Maiden name MOLEX

15. Birthplace RUSSIA ⁶
(City, town, or county) (State or foreign country)

16. (a) Informant Abraham Newman

(b) Address 7468 Gannon

17. (a) BURIAL (b) Date thereof 6 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shol EMETH

18. (a) Signature of funeral director Chesed Shol EMETH

(b) Address 4469 WASHINGTON

19. (a) JUN 7 1943 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June ⁶ day _____
year 1943 hour 4 minute 32 A M.

21. I hereby certify that I attended the deceased from May 10 ¹⁹⁴³ to June 6 ¹⁹⁴³
that I last saw him alive on May 5 ¹⁹⁴³
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic anemia

Due to _____

Due to 1/2

Other conditions 1/2
(Include pregnancy within 3 months of death)

Major findings: Bone marrow
Of operations penetrator showed above
Of autopsy pending

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred Feldman (M. D. or other) MD

Address 634 14th Date signed 6/6/43

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

MOTHER FATHER

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 *B. Chenhard*

Licensed Embalmer No. 3669

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.