

S. No. 2
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20059

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 3 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5814**

1. PLACE OF DEATH:

(a) County _____
(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 53 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia Stein

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 widowed
6. (b) Name of husband or wife Isaac Stein 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 73 hr. _____ min.

9. Birthplace Kaunas Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name David Jacob Rothbart
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Sarah (unk)
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Stein

(b) Address 6345 San Bonita

17. (a) burial (b) Date thereof 6/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director Gerger Memorial
(b) Address 4715 Mc Pherson

19. (a) JUN 25 1943 (b) J. F. Beck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 17, 1943 to June 24, 1943
that I last saw her alive on June 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebro Vasc. Accident
Thrombosis
Due to arteriosclerosis
Due to 73
Other conditions (Include pregnancy within 3 months of death) 2

Duration

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? _____

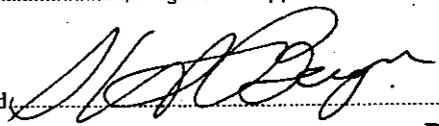
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Joseph H. Giering (M. D. or other) _____
Address Jewish Hosp. St. Louis Date signed June 25 1943

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.