. No. 2
1—2-43
5-17-39
1 x 8½
1 use

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26635

FILED AUG 30 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7485

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 11 DAYS (Specify whether years, months or days) In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000 17
(c) City or town ST. LOUIS 95 (If outside city or town limits, write "RURAL")
(d) Street No. 5548 VERNON (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3. (a) PRINT FULL NAME SARAH HAZEL FISHMAN
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 MENDEL MAYER FISHMAN
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)
8. AGE: Years 72 Months Days If less than one day hr. min.
Not
9. Birthplace RUSSIA (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business HOUSEWIFE
FATHER 12. Name ZUCHOR FRIEDMAN
13. Birthplace RUSSIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ETTA HOROWITZ
15. Birthplace RUSSIA (City, town, or county) (State or foreign country)
16. (a) Informant Mendel Mayer Fishman
(b) Address 5548 Vernon
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel EMETH
18. (a) Signature of funeral director Eisenhandler
(b) Address 4469 Washington
19. (a) AUG 30 1943 (Date received local registrar) (b) J. F. Rhodes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1943 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8-9, 1943, to 8-19, 1943, that I last saw her alive on 8-19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema — Duration
Due to: Arteriosclerotic Heart disease
Due to:
Other conditions: Cerebro vasc. accident
(Include pregnancy within 3 months of death) left
Major findings:
Of operations: None
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 Joseph Moreburg (M. D. or other)
Address Jewish Hosp., St. Louis Date signed Aug 20/43

(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 W B Kenhandler

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.