

FILED NOV 10 1943 3 18

Registration District No. _____

Primary Registration District No. 1603

Registrar's No. 9557

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 yr 6 mos.
years, months or days)

3. (a) PRINT FULL NAME Minna Sanger

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 Jacob Sanger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 31 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Oberdorf Wurtemberg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Loeb Neumetzger

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

14. Maiden name Silly Rieser

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

16. (a) Informant Julius Sanger

(b) Address 5595 Waterman

17. (a) burial (b) Date thereof 10/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Hebrew

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) OCT 31 1943 (b) [Signature]
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 5595 Waterman 12
(If rural, give location)
Reg. Alien # 3562556
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 14 1943 to Oct. 28 1943;
 that I last saw h. ER alive on Oct. 28 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 1 week

Due to Carcinoma of transverse colon
Primary in Colon

Other conditions arteriosclerosis, generalized
(Include pregnancy within 3 months of death)
RT. cerebral base. accident (Thompson) PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy Carcinoma of transverse colon
Carcinoma of gall bladder (metastatic)

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 Joseph Neumetzger (M, D, or other) _____
 Address Jewish Hosp. St. Louis Date signed Oct. 31/43

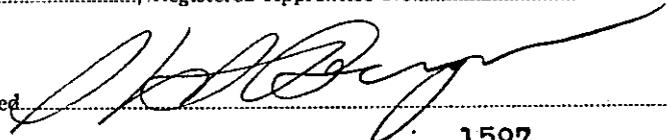
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

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.