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No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

D OCT 27 1943

9254

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

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:
Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1000

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 923

(d) Street No. 2306 S. Twelfth St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emma Singer

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 Bernard

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: August 17 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	2	2	
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hr. _____ min. _____

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: House Work

11. Industry or business _____

MOTHER FATHER {

12. Name Fred Stellern

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Metten

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Singer

(b) Address 2306 S. Twelfth St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gellman

(b) Address 2630 Gravois Ave.

19. (a) Oct 21 1943 (Date received local registration)

J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1943 hour 12 minut 20 P. M.

21. I hereby certify that I attended the deceased from 10-4-
1943 to 10-19-
1943

that I last saw h. alive on 10-19-
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive P. pneumoniae

Due to Colestomy

Due to Carcinoma of Rectum

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum

Of operations _____

Of autopsy none

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 L. F. Murray (M. D. or other)

Address 900-Rimball Date signed 10-21-43

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.....

Robert J. Gilbert

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Ave.

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.