S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

Sosna

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 33572

Registrar's No. 9126

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town ST. LOUIS 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1445 TEMPLE
(If rural, give location)

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

3. (a) PRINT FULL NAME IDA SOSNA

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 PHILIP SOSNA

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

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.

Abt

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

10. Usual occupation HOUSEWORK

11. Industry or business HOUSE WIFE

FATHER
12. Name ISRAEL KLAUSMAN
13. Birthplace (City, town, or county) RUSSIA G (State or foreign country)

MOTHER
14. Maiden name TZERIL
15. Birthplace (City, town, or county) RUSSIA G (State or foreign country)

16. (a) Informant W M Sosna
(b) Address 5577 Cabanne

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Oxenhandler
(b) Address Washington

19. (a) OCT 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 13, 1943, to Oct 16, 1943;
that I last saw her alive on Oct 16, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	3 days
Due to arteriosclerotic ht. disease	
Due to	
Other conditions (Include pregnancy within 2 months of death) Generalized arteriosc. Bilateral cataracts	
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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Jos. Fineberg (M. D. or other)
Address Jewish Hospital Date signed Oct 16/43

(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. Not Embalmed

Signed W B Oberhandler

Licensed Embalmer No. 3-669

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.