

FILED DEC 20 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40447

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11215**

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 **2 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**  
(c) City or town **St Louis** **17**  
(If outside city or town limits, write "RURAL") **99**  
(d) Street No. **1438 E Grand**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANNA BITTER**

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 **Widowed**  
6. (b) Name of husband or wife **Joe Bitter** 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.

9. Birthplace **Russia** (City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business \_\_\_\_\_

12. Name **Mindel Tze**

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

14. Maiden name **Roach**

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

16. (a) Informant **Leona Gellman**

(b) Address **1438 E Grand**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-16-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Ovenhandler**

(b) Address **4469 Washington**

19. (a) **DEC 16 1943** (Date received local registrar) (b) **J. J. [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15** year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 15** 19**43**, to **Dec 15** 19**43** that I last saw her alive on **Dec. 15** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation** Duration **4 weeks**

Due to **Arteriosclerotic Cardiovascular Disease**

Other conditions **Atrial Fibrillation** (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **93**

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 **Malcolm Rudekoff** (M. D. or other) **N.D.**

Address **508 N. Grand St** Date signed **12/15/43**

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

MOTHER FATHER

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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.....

*J. B. Oenhandler*

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.**