

3. No. 2  
4-2-43  
5-17-39  
1 X35957

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4054E**  
Registrar's No. **11773**

BUREAU OF THE CENSUS  
FILED JAN 2 1944  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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 Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town University City  
(If outside city or town limits, write "RURAL") **NR**  
(d) Street No. 714 Kingsland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth E. Shapiro  
(b) If veteran, name war No (c) Social Security No. 488-05-3976

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased: November 3 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 1 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Cashier

11. Industry or business Public accountant

MOTHER FATHER { 12. Name Abraham Shapiro  
13. Birthplace Volhynia Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Handelman  
15. Birthplace Volhynia Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene J. Shapiro  
(b) Address 7529 Wellington Way

17. (a) burial (b) Date thereof 12/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson

19. (a) DEC 28 1943 (b) J. F. Branch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 28  
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 19, 1943, to Dec 27, 1943;  
that I last saw him alive on Dec 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Pneumonia?  
non-calculous  
Due to: \_\_\_\_\_  
Due to: 1230  
Other conditions: none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations: \_\_\_\_\_  
Of autopsy: none  
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 Geoffrey (M. D. or other) \_\_\_\_\_  
Address 539 N. Grand Date signed 12/27/43

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

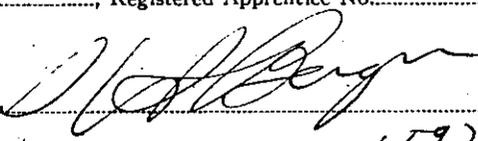
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**STATEMENT BY LICENSED EMBALMER**

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.....  .....

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.**