S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 676

FILED FEB 4 1944 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 925

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr 6 mos 14ds. (Specify whether years, months or days)

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5640 a St. Louis Ave
(If rural, give location)

Reg. Alien #3075180

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

If yes, name country 0

3. (a) PRINT FULL NAME SARAH MARKENSON

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 2 widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December (Month) 20th (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	8	hr. _____ min.

9. Birthplace Seidlee (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Retired, Shoe Merchant

11. Industry or business Retail

FATHER
12. Name Rueben Silverstein
13. Birthplace seidlee (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Rachel Ruben
15. Birthplace Seidlee (City, town, or county) Polanda 4 (State or foreign country)

16. (a) Informant Albert Markenson son
(b) Address 5640 St. Louis Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (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) JAN 30 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1944 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from 12-1-43, 19__, to 1-28-1944, 19__; that I last saw her alive on 1-28-1944, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho- Pneumonia	3 das.
Cerebral- Vascular Accident	1-23-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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 _____

23. Signature O. T. McConnell M.D. (M. D. or other)

Address 3400 Arsenal Date signed 1/28/1944

(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.

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.