. S. No. 2
0M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1948

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1005

Primary Registration District No.

State File No. 4039

Registrar's No. 1912

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:
Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-10-1944 to February 24, 1944 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 004

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4223 Grove 10
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mollie Buchman

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 Widow

6. (b) Name of husband or wife David Buchman

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

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

8. AGE: abt Years ~75 Months -- Days -- If less than one day hr. min.

9. Birthplace Russia (City, town, or county) 6 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Ben Zedler
13. Birthplace Russia (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Mary Belle?
15. Birthplace Russia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Homer Rudskopf
(b) Address 5216 Delmar Blvd.

19. (a) FEB 26 1944 (Date received by registrar) (b) J. F. Bredeed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1944 hour 6 P.M. minute M.

21. I hereby certify that I attended the deceased from January 10 1944, 19, to February 24, 1944, that I last saw her alive on February 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Maxwell (M. D. or other)

Address 5600 Arsenal Date signed 2-21-44

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washington

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.