

Filed FEB 18 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5515 Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 35
(d) Street No. 5515 Vernon
Alien #2556066 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Rose Shapiro

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife David Shapiro 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years ab. 61 Months Days If less than one day
hr. min.

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

10. Usual occupation at home

11. Industry or business
MOTHER FATHER } 12. Name Louis Weitzman
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Ida (unk)
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant D. Shapiro
(b) Address 5515 Vernon

17. (a) burial (b) Date thereof 2/10/48
(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) FEB 10 1944 J. J. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, 9th
year 1944 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 1941
to Feb. 7, 1944
er Feb 7, 1944
that I last saw h..... alive on..... 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
Chronic Myocarditis

Due to Hypertension; generalized arteriosclerosis; Chronic interstitial nephritis

Other conditions Coronary Arteriosclerosis
(Include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place) (c) Means of injury 0

23. Signature Mar. J. Henderson (M. D. or other)
Address McPherson Bldg. Date signed 2-9-44

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.