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5-17-39  
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12027

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 21 1944

Registration District No. 34

Primary Registration District No. 6076

Registrar's No. 681

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

1. PLACE OF DEATH: A Louis Mo

(a) County \_\_\_\_\_

(b) City or town North St. Louis and Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Sanatorium Robinson Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1152 Hamilton  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hale Darrish  
also known as Ida Goldstein

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day percenteen  
year 1944 hour six minute 15 P. M.

21. I hereby certify that I attended the deceased from July 25  
1943, to March 17 1944;  
that I last saw h. ex alive on March percenteen 1944;  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Isaac Darrish

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

7. Birth date of deceased July 15 1869  
(Month) (Day) (Year)

Immediate cause of death chronic rheumatoid arthritis

Duration about 10 years

8. AGE: Years 74 Months 8 Days 2

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Hirsh Nate Shatz

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

14. Maiden name Leah (unk)

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

16. (a) Informant H. Darrish

(b) Address 1152 Hamilton

17. (a) burial (b) Date thereof 3/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial  
4715 McPherson

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) MAR 20 1944 (b) E. J. McPherson, M.D.  
(Date received local registrar) (Registrar's signature)

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 Ida Simon (M. D. or other) MD  
Address JEWISH SANATORIUM Date signed 3-18-44

485  
1/44

709

(Licensed Embalmer's Statement on Reverse Side)

ROBERTSON, MO.

MAR 2 2 1964

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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.**