V. S. No. 2
100M—5-43
Rev. 5-17-39
Form 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29506

Primary Registration District No. 1003

Registrar's No. 8059

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1391 Goodfellow--Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 years (Specify whether years, months or days)

In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: [illegible]

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 1391 Goodfellow (If rural, give location)

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

If yes, name country: U

3. (a) PRINT FULL NAME: SARAH KESSLER or SARAH KESSEL

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Meyer [illegible]

6. (c) Age of husband or wife if alive: 74 years

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

8. AGE: Years: Abt. 62 | Months | Days | If less than one day: hr. min.

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

10. Usual occupation: Housework

11. Industry or business: Housewife

FATHER
12. Name: Benj. Feldman
13. Birthplace: (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name: Ylars M Japershmidt
15. Birthplace: (City, town, or county) Russia (State or foreign country)

16. (a) Informant: Ben Kruger
(b) Address: 5103a Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Oppenhandler
(b) Address: 4469 Washington

19. (a) SEP 20 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. 18 day: 18 year: 1944 hour: 11 minute: 57 P.M.

21. I hereby certify that I attended the deceased from May 22, 1944, 19..., to Sept. 12, 1944, 19..., that I last saw her alive on Sept. 12, 1944, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis — Duration: 3

Due to: arteriosclerosis generalized

Due to:

Other conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)
ulcer, too

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: Paul A Lowenstein (M. D. or other) M.D.

Address: University Club Bldg. Date signed: 9/19/44

(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 W. B. Grenhandler

Licensed Embalmer No. 3869

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.