

FILED SEP 26 1944

Registration District No. **2**

Primary Registration District No. **2007**

Registrar's No. **1914**

1. PLACE OF DEATH:

(a) County **University City**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1161 Ursula
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**
(c) City or town **University City (Belleville IL**
(If outside city or town limits, write "RURAL")
(d) Street No. **1161 Ursula (201 N. 13th St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **MEISTER, Mrs. Beckie.**

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 **Married**
6. (b) Name of husband or wife **Dave** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 47 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **Housewife**

MOTHER FATHER

12. Name **Pasach Kaplan**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Dave Meister**

(b) Address **201 N. 13th Belleville, IL**

17. (a) **Burial** (b) Date thereof **9-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chevrah Kadisha**

18. (a) Signature of funeral director **Shepherd**

(b) Address **4469 Washington**

19. (a) **SEP 16 1944** (b) **C. G. M. Clarran, M.D.**
(Date received local registrar) (Registrar's signature) **A.K.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14** year hour **2** minute M.

21. I hereby certify that I attended the deceased from **Sept. 9** 19**44** to **Sept. 14** 19**44** that I last saw her alive on **Sept. 13** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breast - metastasis to lung**

Duration

14 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy **SD**

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) (A: Means of injury) **D**

23. Signature **Herman M. Meyer, M.D.** (M.D. or other) **MD**

Address **508 N. Grand** Date signed **9/14/44**

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

513

107

SEP 27 1944

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 *H. J. Kenward*
Licensed Embalmer No. *3669*

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.