

FILED DEC 9 1944 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 16235

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5793 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? Alien (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Celia Bloch

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 Paul Bloch
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years ab 74 Months _____ Days _____
If less than one day hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Sholom Shachna Millner
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Etta Kaplan
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Block
(b) Address 5755 Kingsbury
17. (a) Burial (b) Date thereof 12/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director _____
(b) Address 4715 Mc. Pherson

19. (a) DEC 1 1944 (b) J. F. Bedeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29th
year 1944 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 22 1944 to Nov. 29th 1944
that I last saw her alive on Nov. 29th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Artery Thrombosis

Due to Atherosclerosis

Due to Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None made
Of autopsy None made

Duration

1 Week

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 Joseph David (M. D. or other) _____
Address 213 W. 9th St. Date signed 11-30-44

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

500
17
9

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.