

#37089

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

242

FILED JAN 25 1945

318

1003

Registrar's No.

505

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
(Specify whether  
In this community 0  
years, months or days)

3. (a) PRINT FULL NAME Blanche Epstein  
3. (b) If veteran, name war no  
3. (c) Social Security No. 492-09-8424

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John J. Epstein  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased January 6, 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 0 10 hr. 0 min.

9. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name John Berger  
13. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fanny Holtzman  
15. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Epstein  
(b) Address 4985a Columbia

17. (a) burial (b) Date thereof 1/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson ave

19. (a) JAN 17 1945 J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4436a Easton av  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th  
year 1945 hour 11:50 minute A. M.  
21. I hereby certify that I attended the deceased from 12/26/44  
1/16/45, 19... to 1/16/45, 19...  
that I last saw her alive on 1/16/45, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Starvation (anorexia)  
with edema  
Due to  
Conversion-hysteria  
Other conditions 1/24  
(Include pregnancy within 3 months of death)

Duration

Major findings:  
Of operations.....  
Of autopsy Fatty liver with  
large parathyroid  
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?..... (c) Means of injury.....  
23. Signature E. L. P. P. P. (M. D. or other) 1/16/45  
Address 1515 Lafayette Date signed 1/16/45

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

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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.**