

S. No. 2
M-8-43
7-5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

10000
State File No. _____
Registrar's No. 3582

Registration District No. _____ Primary Registration District No. _____

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: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
In this community 45 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5825 Waverly
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Aber
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1945 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct 1939 to 4/22/45
that I last saw her alive on 4/22/45
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 MARRIED
6. (b) Name of husband or wife MAX 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to Hypertensive heart disease, 6 yrs
Heart Disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration 1 wk
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

9. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOUSEWORK
12. Name SHLOMA ABA SHINE
13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name ETTA RUCHAL
15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Andrew
(b) Address 5947 W. McPherson
17. (a) BURIAL (b) Date thereof 4-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CHESED SAHEL EMETH
Orenhauder
18. (a) Signature of funeral director _____
(b) Address 4469 WASHINGTON
19. (a) APR 23 1945 (Date received local registrar)
J. F. Brudick (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?
While at work? _____ (Specify type of place) (e) Means of injury _____
3. Signature Arthur E. Tracy (M. D. certifying)
Address 539 N. Grand Date signed 4/22/45

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 *W. G. Penhander*
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.