

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 21 1946
318

Registration District No. 318
Primary Registration District No. 1003

374

1. PLACE OF DEATH:

(a) County St. Louis

(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 _____ (Specify whether
In this community 25 yrs. years, months or days)

3. (a) PRINT FULL NAME MINNIE ESTER BAUM

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 widow

6. (b) Name of husband or wife Hirsch

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

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

9. Birthplace Galicia Poland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Solomon Melech Teitelbaum

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

14. Maiden name Ilachla Green

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

16. (a) Informant M. A. Teitelbaum

(b) Address 6370 Clayton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-13-46
(Month) (Day) (Year)

(c) Place: burial or cremation Hexo Kedisha Berger Memorial

18. (a) Signature of funeral director J. J. Credick

(b) Address 4715 McPherson Avenue

19. (a) JAN 13 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1437 Temple
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 25, 1945, to Jan 13, 1946
that I last saw her alive on Jan 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to _____

Due to Hb

Other conditions Carcinoma of stomach Duration 22
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy none

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)

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 _____

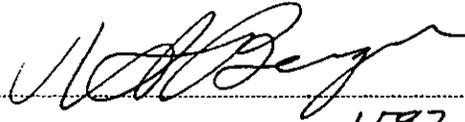
23. Signature Walter Lucholske (M. D. or other) M.D.
Address 462 N. Taylor Date signed 1/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3189

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.