

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 1 X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **7715**  
 Registrar's No. **1811**

**FILED 19186 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 42 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96  
 (c) City or town University City  
908 Eastgate.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sarah Marks  
 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 3  
 6. (b) Name of husband or wife Jacob Marks  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: August 8, 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace: London England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

**11. Industry or business:**

MOTHER FATHER { 12. Name Samuel L. Fifer  
 13. Birthplace Poland 7  
(City, town, or county) (State or foreign country)  
 14. Maiden name Esther (Unk)  
 15. Birthplace Poland 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Klein  
 (b) Address 908 Eastgate

17. (a) Burial (b) Date thereof 2/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona Berger Memorial

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

19. (a) FEB 24 1946 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 22  
 year 1946 hour 9:15 minute \_\_\_\_\_ A. M.  
 21. I hereby certify that I attended the deceased from October 29, 1941, to Feb. 22, 1946;  
 that I last saw her alive on Feb. 22, 1946,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Carcinoma of R. Breast with generalized metastases  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_ 50  
 Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: Carcinoma of right breast.  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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) (e) Means of injury \_\_\_\_\_

23. Signature Care J. Herpat (M. D. or other) M.D.  
 Address 462 N. Taylor, St. Louis Date signed 2-22-46

---

---

**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.