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

FILED APR 17 1946

1009

State File No. 15096

Registration District No. 318

Primary Registration District No.

Registrar's No. 3153

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

13996

1. PLACE OF DEATH:

(a) County

(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: St Anthony's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis Ing (If outside city or town limits, write "RURAL") 127

(d) Street No. 5370 Pershing (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Marion Pines

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dr. Ansel Pines

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

7. Birth date of deceased August (Month) 22 (Day) 1900 (Year)

8. AGE: Years 45 Months 7 Days 12 If less than one day hr. min.

9. Birthplace New York, N.Y. (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Maury Jake Price
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Esther Nevitske
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Dr. Ansel Pines

(b) Address 5370 Pershing Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation Brooklyn, N.Y.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) APR 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4th year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1945 to Apr 4 1946 that I last saw her alive on Apr 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia post operative. Duration 86 hrs

Due to Intestinal obstruction recurrent following 10 days

Due to gastro enterostomy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Duodenal ulcer multiple adhesions

Of autopsy

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 D. E. Michael (M. D. or other) M.D.

Address 506 Olive Date signed 4/4/46

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis L. Ludwig

Licensed Embalmer No. 4229

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.