

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4013**

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. 3 Weeks
In this community 10 years
(Specify whether years, months or days)

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. 304 N. Skinker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Kantor
3. (b) If veteran, name war No 3. (c) Social Security No. 488-05-7417
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1 1910
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1 year 1946 hour 6 minute 4 M.
21. I hereby certify that I attended the deceased from January 22, 1944 to April 30, 1946; that I last saw her alive on April 30, 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>1</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death. Hodgkins disease Duration 18 mo
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Book-keeper
11. Industry or business Rice Stox Mercantile
12. Name Isaac Erbesfield
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Hochberg
15. Birthplace Poland
(City, town, or county) (State or foreign country)
16. (a) Informant Isaac Erbesfield
(b) Address 304 N. Skinker
17. (a) Burial (b) Date thereof 5/3/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue
19. (a) MAY 2 1946 J. F. Bradish
(Date received local registrar's certificate) (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 _____
23. Signature Phonibain (M. D. certificate) _____
Address 3651 Grand St Date signed 5-2-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1946

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 *James A. Anderson*
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.