

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19025

State File No.

3995

Registrar's No.

FILED MAY 16 1946

1003
Primary Registration District No.

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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7524 Cromwell NR.
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Wasserman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem. 5. Color or race White

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

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

7. Birth date of deceased May 1 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Sam Wasserman

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Weiss

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Wasserman
(b) Address 7524 Cromwell

17. (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodol Cem.

18. (a) Signature of funeral director H. Rindfleisch
(b) Address 5216 Delmar

19. (a) MAY 2 1946 (b) J. F. Bredeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from birth
_____, 19____, to May 1, 1946
that I last saw he alive on May 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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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)
(c) Means of injury _____ (M. D. or other)

23. Signature Paul J. Gentry
Address 634 N. Grand Date signed 5-2-46

(Licensed Embalmer's Statement on Reverse Side)

NEADING BLACK INK-MAKE A PERMANENT RECORD
17903
MOTHER FATHER

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. D. Rindstaff*

Licensed Embalmer No.....

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.**