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5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7287

State File No. _____

FILED FEB 13 1947

Registration District No. _____

Primary Registration District No. 2602

Registrar's No. 272

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7020a Tulane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs
years, months or days

3. (a) PRINT FULL NAME MARY SMITH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Max Smith 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased. August 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 22 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham Feungerit
13. Birthplace USSR
(City, town, or county) (State or foreign country)
14. Maiden name Ida Wasserman
15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Smith
(b) Address 7020 Tulane

17. (a) burial (b) Date thereof 2/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address _____
19. (a) 2-10-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7020a Tulane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
year 1947 hour 11 minute 45 P.

21. I hereby certify that I attended the deceased from Feb 7 1947
to Feb 7 1947
that I last saw or alive on Jan 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 1 day
Due to Acute hepatitis 1 week
Due to Chronic Diabetes Mellitus 1932
Arteriosclerosis 1932
Other conditions Hypertension 1947
(Include pregnancy within 3 months of death)
See Dr. J. S. Gerald

Major findings: See Dr. J. S. Gerald PHYSICIAN
Of operations _____
Of autopsy 61
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 cause of place) (e) Means of injury _____

23. Signature See Dr. J. S. Gerald (M. D. or other) _____
Address 6677 Delmar Blvd Date signed Feb 8, 1947

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

MAR 20 1947

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 R. 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.