

No. 2
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 22 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19128
State File No. _____
Registrar's No. 4732

Registration District No. _____ Primary Registration District No. _____

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:
EnRoute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME IDA MAMROTH
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 Sam Mamroth 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased November 13 1893
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>53</u>	<u>5</u>	<u>26</u>	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 Meyer Chipitsky
13. Birthplace USSR
(City, town, or county) (State or foreign country)
14. Maiden name Gitel (unk)
15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Mamroth
(b) Address 7009a S. Bdway

17. (a) burial (b) Date thereof 5/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 11 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 7009a S. Broadway
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9
year 1947 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Atherosclerosis
Coronary Sclerosis
Due to 9/4
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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?

While at work _____ (Specify type of place) Means of injury _____
23. Signature Edfred Perry (M. D. or other) _____
Address 1200 Clark Date signed _____

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.....

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.