S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29031

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8320

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 96

(c) City or town: University City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 6306 Cates Avenue 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) N R 1

If yes, name country

3. (a) PRINT FULL NAME: ESTHER FISHGALL ~~*ESTHER FISHGALL~~

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, divorced: Widowed ~~Married~~

6. (b) Name of husband or wife: Fred Fishgall

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 77			hr. min.

9. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

Usual occupation: At home

Industry or business

MOTHER 12. Name: Unknown

13. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

FATHER 14. Maiden name: Unknown

15. Birthplace: Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant: Eugene Fishgall

(b) Address: 6306 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Chesed Shel Emeth Cem.

18. (a) Signature of funeral director: Herman Rendelsky

(b) Address: 5216 Delmar Blvd.

19. (a) (Date received local registrar) (b) (Registrar's signature): L. F. Bradack

Corr. by aff Hellma Stolt Dec 8, 1947

SEP 2 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1947 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 19, 1947 to Aug 31, 1947 that I last saw her alive on Aug. 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	15 days
Due to: Arteriosclerotic Hypertensive Heart Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Jos. M. Orenstein (M. D. or other)

Address: 1440 N. Taylor Ave Date signed 9/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 8320-

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears ..... , who, upon ..... oath, states that the original record of birth/death for Esther Fishgall, died ~~born~~ 8-31-47, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6a should read Widowed
Instead of Married

Item No. 3 should read Esther
Instead of Ethel

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant. Clarence B. Roth Fun. Dir.
Relationship.

Rudsk[illegible] Inc
5216 Delmar
Present Address.

Subscribed and sworn to before me this 22 day of Sept., 1947

My Commission expires 3-4-49 Ella C Paldock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

orm V. S. 135
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