S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39642

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10340

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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Clayton (If outside city or town limits, write "RURAL") 2
(d) Street No. 7531 York Drive (If rural, give location) 1
NR
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rose Fischmann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Samuel Fischmann
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 54	-	-	hr. min.

9. Birthplace Russia 1 (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name Unknown 1
13. Birthplace Russia 6 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant Samuel Fischmann
(b) Address 7531 York Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Bernard Rudofsky Sr.
(b) Address 5216 Delmar Blvd.
19. (a) NOV 10 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11/3 1947, to 11/9 1947, that I last saw him alive on 11/9 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis - pulmonary artery	1 day
Due to Thrombophlebitis - rt. leg	2 wks.
Due to Varicose veins	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Thrombosis - pulm. artery	

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 Louis Cohen (M. D.)
Address 4500 Olive St. Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Vane M. Sezemore.....

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.