No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2502

FILED FEB 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 890

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

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: St.John,s
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4163 Manchester
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Fishel
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ike
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab.63 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Morris Zwibach
13. Birthplace Lithuania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name (unk)
15. Birthplace Lithuania (City, town, or county) (State or foreign country)
16. (a) Informant Abe Fishel
(b) Address 4163 Manchester
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham. Hagudal
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Av.
19. (a) JAN 29 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1948 hour 2 minute —A.M.

21. I hereby certify that I attended the deceased from Feb 21st 1947 to January 28 1948
that I last saw her alive on January 28 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 hrs
Due to Cerebral Arteriosclerosis	1 yr.
Due to Diabetes Mellitus	1 yr
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 Alphonse McNahon (M. D. ~~or other~~)
Address 806 Missouri Theatre Bldg Date signed 1-28-48

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. Louis 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.