S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2548

FILED FEB 13 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1100

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 Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 5794 McPherson 9 (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Basteva Ginsburg
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 Mendel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab. 82 | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Solomon Schreiber 6
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name (unk)
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Sherwin Bosse
(b) Address 902 Granard Pkw. Steubenville Ohio
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Steubenville, Ohio
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1948 hour 7 minute 15 a. M.
21. I hereby certify that I attended the deceased from — 19 45 to 1/31/ 19 48 that I last saw her alive on 1/30 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia, right	3 days
Due to Cerebral Thrombosis	1 wk.
Due to 93d	
Other conditions Art. Sclerotic Heart Disease. (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 0
23. Signature Arthur E. Strauss (M. D. or other)
Address 539 N. Grand Date signed 1/31/48

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

1100

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 [illegible]

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.