No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10314

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2913

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis Missouri (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: 2 days (Specify whether)
In this community: 2 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis Clayton
(c) City or town: ~~St. Louis~~ (If outside city or town limits, write "RURAL")
(d) Street No.: 6477 San Bonita (If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ~~Baby~~ Infant JAFFE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) 19 (Day) 48 (Year)

8. AGE: Years | Months | Days: 2 | If less than one day: 6 hr. 13 min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: Meyer Jaffe
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Reva Madden
15. Birthplace: (City, town, or county) Austria (State or foreign country)
16. (a) Informant: Meyer Jaffe
(b) Address: 6477 San Bonita
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson
19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 48 hour 3 minute 23 A.M.
21. I hereby certify that I attended the deceased from 3/19/48, 19..., to 3/22, 19 48 that I last saw him alive on 3/22, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Unknown
Due to: Respiratory failure
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: no unusual finding

Duration

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: M. Meyerhardt (M. D. or other) MD
Address: 462 No. Taylor Date signed: 3/24/48

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 ..... No Embalming ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis R 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.