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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10621

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3066

**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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 Goodfellow
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORA SANDMEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Morris Sandmel

6. (c) Age of husband or wife if alive 68 years

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

8. AGE: Years About 66 Months Days If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Morris Sandmel
(b) Address 1410 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Kadisha Cem.

18. (a) Signature of funeral director Herman Rudolph Inc.
(b) Address 5216 Delmar Blvd.

19. (a) MAR 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 29 year 1948 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Oct. 10 1947, to March 29 1948; that I last saw her alive on March 29 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Sigmoid Lower — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Carcinoma of Sigmoid

Of autopsy

PHYSICIAN — Underline the cause to 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 Herman M. Thye (M. D. or other) M.D.
Address 508 N. Grand Date signed 3/30/48

(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.....

Licensed Embalmer No. 3860

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.**