

No. 300  
M-10-47  
y. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10747**  
Registrar's No. **2784**

FILED APR 3 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town **ST. LOUIS MO**  
(c) Name of hospital or institution: **JEWISH HOSPITAL**  
(d) Length of stay: In hospital or institution **2 hrs**  
In this community **40 yrs.**

3. (a) PRINT FULL NAME **SARAH THALER**  
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 **MARRIED**  
6. (b) Name of husband or wife **HARRY** 6. (c) Age of husband **57** years  
7. Birth date of deceased **Unknown**

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

9. Birthplace **Russia**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Isaac Zuribelmar**  
13. Birthplace **Russia**  
14. Maiden name **Lena**  
15. Birthplace **Russia**

16. (a) Informant **Harry Thaler**

(b) Address **5277 Terry Ave.**

17. (a) **Burial** (b) Date thereof **3-23-48**

(c) Place: burial or cremation **Chevrah Kadisha**

18. (a) Signature of funeral director **Oxenhandler**

(b) Address **5010 Enright Ave.**

19. (a) **MAR 22 1948** (b) Registrar's signature **J. F. Braddock**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **MO**  
(c) City or town **St. Louis**  
(d) Street No. **5277 Terry Ave.**  
(e) Citizen of foreign country? **-**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **21**  
year **1948** hour **4** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **12/28/46**  
to **3/21/48**  
that I last saw her alive on **3/16/48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Hypertensive Heart Disease**

Due to

Other conditions

Major findings: Of operations

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes**

23. Signature **Alan Foster** (M. D. or other)  
Address **727 Mo. Theater Bldg** Date signed **3/20/48**

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**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

*W. B. Krenshaw*

Licensed Embalmer No.

*3669*

P. O. Address

*5010 Gough*

**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.**