No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 3 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10800 2831
Registrar's No.

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 10 days (Specify whether
In this community years, months or days)

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. 1158 Blackstone 9
(If rural, give location)
(e) Citizen of foreign country? 5 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Anna Wasserman (Waterman)
3. (b) If veteran, name war 1
3. (c) Social Security No. 2
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Nathan Wasserman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.
abt

9. Birthplace (City, town, or county) Russia (State or foreign country) 10
10. Usual occupation House Wife
11. Industry or business House Work
FATHER
12. Name Louis Bass
13. Birthplace (City, town, or county) Russia (State or foreign country) 6
MOTHER
14. Maiden name Tzeral
15. Birthplace (City, town, or county) Russia (State or foreign country) 6
16. (a) Informant Louis Waterman
(b) Address 1158 Blackstone
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Lanhandler
(b) Address 5010 Enright
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1948 hour 11 minute 55 A M.
21. I hereby certify that I attended the deceased from Feb 1, 1945, to Mar 22, 1948;
that I last saw her alive on Mar 22, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction Post operative	2 days ±
Due to: Chronic Cholecystitis c̄	years ±
Due to: Cholelithiasis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Myocardial Infarction Chronic Cholecystitis c̄ Lithiasis

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 Frank Cohen (M. D.)
Address 462 N. Taylor, St. Louis Date signed Mar 23/48

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

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 [signature]

Licensed Embalmer No. 3669

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.