

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 127770
Registrar's No. 4646

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hos'p 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 wks/
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County..... 1003

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 179

(d) Street No. 5595 Waterman Ave
(If rural, give location) 0

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3: (a) PRINT FULL NAME BECKIE S. LIPSHITZ

3. (b) If veteran, name war.....

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day May,
year 1948 hour 8 minute A M.

21. I hereby certify that I attended the deceased from May, 1947, to May-18, 1948
that I last saw her alive on May 18, 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W.

6. (a) Single, widowed, married, divorced wid 2

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

7. Birth date of deceased: Jan 14 1874
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum 14k.

Due to.....

Due to..... H/O

Other conditions (Include pregnancy within 3 months of death).....

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>4</u>	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings: Carcinoma of Rectum

Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business.....

12. Name Solomon Spieldoch 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mariana Spieldoch.

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Harris

(b) Address 5595 Waterman Ave

17. (a) Burial (b) Date thereof 5/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive (Jewish)

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) MAY 19 1948 (b) J.F. Budeck
(Date of local registration) (Registrar's signature)

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Dr. P.D. Stahl (M. D. or other) 0

Address 462 W Taylor Date signed 5/19/48

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. W. Wilkinson

Licensed Embalmer No. 3575

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.