

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13946

3659

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3659			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 21/21		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 5910 Theodosia					
3. NAME OF DECEASED (Type or Print) JENNIE			a. (First)		b. (Middle) LUGGER		c. (Last)		
4. DATE OF DEATH		Month		Day		Year			
Apr.		323		1949					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May. 14, 1889			
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS, OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Hungary 4			
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME Abr. Rath		13b. MOTHER'S MAIDEN NAME unk,		14. NAME OF HUSBAND OR WIFE Jake		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. Jake Luggen			ADDRESS 5910 Theodosia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Parasitosis of Stomach</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Dec. 1949		19b. MAJOR FINDINGS OF OPERATION <i>Parasitosis of Stomach</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		416 46			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 131X					
22. I hereby certify that I attended the deceased from Dec. 1948, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. H. Prosser</i> (Degree or title) U.				23b. ADDRESS <i>John Prosser</i>			23c. DATE SIGNED 4/23/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/24/49		24c. NAME OF CEMETERY OR CREMATORY Cheshed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE REC'D BY LOCAL REG. APR 24 1949		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson				

(Licensed Embalmer's Statement on Reverse Side)

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

1
male

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Lewis L Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. 42290

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.