

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8657
 Do not use this space.

REC'D APR 17 1938

1. PLACE OF DEATH

(a) County Registration District No. 2 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 1217A Blackstone St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Matilda Shapiro 160
 (a) Residence, No. 1217A Blackstone St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Shapiro
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poznan Poland 7

FATHER 13. NAME Tuchler Shapiro 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER 15. MAIDEN NAME (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Joe Shapiro
 (ADDRESS) 4605 LINDELL

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 3/7/38

19. FUNERAL DIRECTOR H. B. Berger
 (ADDRESS) 4715 McPherson

20. FILED APR 6 1938 J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1938

22. I HEREBY CERTIFY, That I attended deceased from any, 1937, to 3-6-, 1938
 I last saw her alive on 3-5-, 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic

93C

Other contributory causes of importance: Ac. Bronchitis ✓ days

Name of operation none Date of —
 What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify —
 (Signed) Chas. S. Roan, M. D.
 (Address) 408 Humboldt Bldg. St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

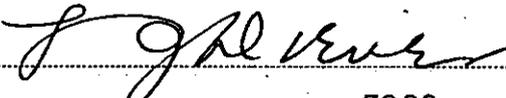
I, L. J. Diener, Licensed Embalmer No. 3988

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3988

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.)