

REC'D MAY 10 1939

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

13604
Do not use this space.

791
1008

3946

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or City..... St. Louis (d) Street No..... Jewish Hosp. 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 ¹²³ Idamae Epstein

(a) Residence, No. 1354 1/2 Academy St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jacob Epstein		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1889		
7. AGE YEARS 50	MONTHS 3	DAYS 4
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) St. Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Moritz Lewkowitz	
	14. BIRTHPLACE (CITY OR TOWN) Poznan (STATE OR COUNTRY) Poland	
MOTHER	15. MAIDEN NAME Julia Kohen	
	16. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY)	
17. INFORMANT Mrs. L. C. Berger (ADDRESS) 1356 Academy		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb. DATE 4/28 1939		
19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson		
20. FILED APR 28 1939 J. B. [Signature] Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 26 1939

22. I HEREBY CERTIFY, That I attended deceased from [Signature] 30 1937 to April - 26 1939
I last saw him alive on 4-26-39 19. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinomatosis
Breast - primary
Ribs
Spine
Other contributory causes of importance: 50

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

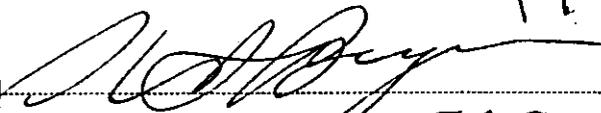
24. Was disease or injury in any way related to occupation of deceased?
If so, specify [Signature] M. D.
(Address) 4500 Olive

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herbert I. Berger, Registered Apprentice No. # 1597
working under my personal supervision.

Signed 

Licensed Embalmer No. 1597

P. O. Address St Louis

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, above space should be left blank.