

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27762
Registrar's No. 7262

Registration District No. 1008 Primary Registration District No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 1 day
In this community _____
years, months or days

8. (a) PRINT FULL NAME ADOLE FRAGER. 626
8. (b) If veteran, name war _____
8. (c) Social Security No. _____
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BEN FRAGER.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 55 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business House Work

12. Name Joseph Graunin

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

14. Maiden name Isra ?
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs Rosa Forester

(b) Address 6639 Clemens University City

17. (a) Burial (b) Date thereof Aug 22-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Edward P. Oxenballe

(b) Address 4469 Washington Blvd.

19. (a) AUG 22 1939 (Date received local registrar)
J. F. Forester (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(d) Street No. 5661 Lotus Ave
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 21
year 1939 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 3
1938, to Aug 21, 1939
that I last saw her alive on Aug 31, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 2 m.

Due to Carcinoma of the right breast
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of the right breast
Of operations right Dec 22, 1938
Of autopsy _____

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? _____

(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 Joseph Maydon MD. (M. D. or other)

Address 570 Washington Date signed Aug 21 1939

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. Z. Handley*.....

Licensed Embalmer No. *3669*.....

P. O. Address *4469 Washington*.....

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.