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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40413

JAN 24 1942

State File No. _____

Registration District No. **791**

Primary Registration District No. **100E**

Registrar's No. **10165**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Days**
(Specify whether _____)
In this community **39**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **6 000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **3308** **Belt Ave** **9**
(If rural, give location)
(e) Citizen of foreign country? **(40)** (Yes or No)
If yes, name country **40** **0**

3. (a) PRINT FULL NAME **Katie Stadin**
(b) If veteran, _____ name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **22**,
year **1941** hour **9:00** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Julius Stadin** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **May -15- 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December**, 19 **41**,
that I last saw h. **at** alive on **December 22**, 19 **41**
and that death occurred on the date and hour stated above.

8. AGE: Years **60** Months **7** Days **1**
If less than one day _____ hr. _____ min.

Immediate cause of death **Aplastic Anemia**
Duration _____

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

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business **Home wife**

12. Name **Shapal-Cohen**

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

14. Maiden name **Basse**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Julius Stadin**
(b) Address **3308 Belt Ave**

17. (a) [Burial, cremation, or removal] **Reinterred** (b) Date thereof **12-23-41**
(Month) (Day) (Year)

18. (a) Signature of funeral director **Charles Spel Emelt**
(b) Address **4469 W Washington**

19. (a) [Date received local registrar] **DEC 29 1941** (b) **J. F. Woodcock**
(Registrar's signature)

Major findings:
Of operations _____
Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **0**

23. Signature **L. V. Mellegher** (M. D. or other) **12/28/41**
Address **1515 Lafayette Avenue** Date signed _____

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

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 _____

Licensed Embalmer No. 3669

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.