

FILED MAR 17 1942 **791**

Registration District No. _____ Primary Registration District No. 1003

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

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

3. (a) PRINT FULL NAME Goldie Stone
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Abraham Stone 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased July 21, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>7</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
12. Name Harry Feigel
13. Birthplace _____ Russia
(City, town, or county) (State or foreign country)
14. Maiden name Ida (unk)
15. Birthplace _____ Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. Stone
(b) Address 5339 Vernon

17. (a) burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) FEB 24 1942 J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 5 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5339 Vernon
Alien # 2677826 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1942 hour _____ minute 1 M.
21. I hereby certify that I attended the deceased from aug 4, 1938
_____ 19 Feb. 23 _____ 19 42
that I last saw h. ✓ alive on Feb. 23 _____ 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to the late carcinoma

Due to carcinoma of sigmoid lymph

Other conditions small carcinoma's
(Include pregnancy within 3 months of death)

Major findings: carcinoma of sigmoid - uterus
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature Harry Sander (M.D. or other) _____
Address 634 N. Forme St Date signed 2-23-42

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. 1597.....

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.