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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 12110

Registrar's No. 814

1. PLACE OF DEATH

(a) County St. Louis County

(b) City or town ~~Rural st. Ferdinand Pattonville~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Sanatorium of St. Louis 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 27 days (Specify whether years, months or days)

In this community 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 4
(If outside city or town limits write "RURAL")

(d) Street No. 5238 Enright Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Citizen 39 yrs years. 1

3. (a) PRINT FULL NAME Rebecca Stupp. 100

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jacob Stupp

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years ab. 59 | Months | Days | If less than one day hr. min.

9. Birthplace Galicia Auatria (City, town, or county) Germany 7 (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Simon Winter 1.

13. Birthplace Galicia (City, town, or county) Germany 1 (State or foreign country)

14. Maiden name (unk)

15. Birthplace Galicia (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant J. Stupp

(b) Address 5238 Enright

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 11 1942 (Date received local registrar) (b) E. McPherson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1942 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from January 10, 1942, to April 10, 1942; that I last saw her alive on April 10, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	
Due to:	
Due to: 46	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Philip Simon (M. D. or other)

Address Jewish Sanatorium Date signed 4-10-42

707 (Licensed Embalmer's Statement on Reverse Side)

JUL 24 1952

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. 1577

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.