

FILED MAY 4 1942
Registration District No. 784

Primary Registration District No. 115

Registrar's No. 978

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8108 DELMAR BLVD.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 960
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8108 Delmar Blvd. 5-
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fannie Bamberger

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George J. Bamberger 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 29 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Laupheimer 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Laupheimer LEVY
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Bamberger
(b) Address 8108 Delmar Blvd.

17. (a) Burial (b) Date thereof 5-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Heriman Birdstein
(b) Address 5216 Delmar Blvd.

19. (a) MAY 2 - 1942 (b) C. G. McCarroll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 2, 1942, to April 30, 1942
that I last saw her alive on April 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion 2 hrs.

Due to general atherosclerosis 2 yrs

Due to.....

Other conditions (include pregnancy within 3 months of death) 94a

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?

While at work?..... (Specify type of place) Means of injury.....

23. Signature Anthony B. Say (M. D. or other) 6
Address 3720 Washington Date signed 5.1.42

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

787

MAY 19 1942

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 *Oran W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.