

FILED JUN 15 1942
Registration District No. **791**

Primary Registration District No. **1003**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

3. (a) PRINT FULL NAME **Fanny Rich.**
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 **single**
7. Birth date of deceased **Feb 20, 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **3** Days **15** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Max Rich**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Johanna Bergman**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Milton Sander**

(b) Address **4732 Westminster Pl.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/5/42** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai**

18. (a) Signature of funeral director **Mayer**
(b) Address **4356 Lindell Blvd**

19. (a) **JUN 5 1942** (Date received local registrar) (b) **J. F. Budzek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **12 9**
(If outside city or town limits, write "RURAL")
(d) Street No. **4732 Westminster Pl.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4** year **1942** hour **7** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **April 26** 19**42** to **June 4** 19**42**
that I last saw her alive on **June 4** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma Hepatic Flexure of Colon metastases to Liver, Duodenum, Pancreas & Bladder. Post-operative shock. Primary hepatic failure.**
Other conditions: **Myocardial Stenosis**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: **Carcinoma Hepatic Flexure Colon with metastases**
Of operations _____
Of autopsy _____

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 **Jerome O. Cook** (M. D. or other) _____
Address **508 N. Grand Bl** Date signed **6/5/42**

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.....

W. W. Wilson

Licensed Embalmer No.....

3575

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.