V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35370

FILED DEC 14 1942

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 10144

1. PLACE OF DEATH:
(a) County ____
(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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED: 944
(a) State Illinois (b) County 11
(c) City or town Granite City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 Delmar
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 2

NR

3. (a) PRINT FULL NAME Tillie Fleishman
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nathan Fleishman
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 18 (Day) ~~1891~~ 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	6	15	____ hr. ____ min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation at home
11. Industry or business ____
MOTHER FATHER
12. Name David L. Rosenkranz
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
14. Maiden name Lena Jacobson
15. Birthplace Austria (City, town, or county) (State or foreign country) 4
16. (a) Informant Nathan Fleishman
(b) Address 2019 Delmar-Granite City, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) DEC 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1942 hour ____ minute 12 M.
21. I hereby certify that I attended the deceased from Jan 3, 1942 to Dec 3, 1942 that I last saw her alive on Dec 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of lung	2 weeks
Due to Carcinoma of breast	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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 Albert B. Taussig (M. D. or other) MD
Address 4500 Olive St. St. Louis Date signed 12/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. W. Cooper

Licensed Embalmer No. 38830

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.