

X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38494

State File No. 10957
Registrar's No.

FILED JAN 13 1943 18

Registration District No. Primary Registration District No. 1003

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 Hospital Mo. Baptist Hospital
(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 St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 145 N. Bemiston
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Block

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12-1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 16 hr. _____ min.

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

10. Usual occupation

at home

11. Industry or business

at home

MOTHER FATHER

12. Name Henry Block Germany

13. Birthplace Sophie with 4
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Furtherman

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

16. (a) Informant Charles Redman
(b) Address 145 N. Bemiston

17. (a) burial (b) Date thereof Dec. 30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Sinai

18. (a) Signature of funeral director H. Rindell

(b) Address 5246 Delmar

19. (a) DEC 29 1942 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - day 28
year 1942 hour 6 minute 20

21. I hereby certify that I attended the deceased from 12-27-42 to 12-28-42 1942
that I last saw him alive on 12-28-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chs. M. Coronary
24 hr. Hypertension
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

23. Signature R. K. Coe (M. D. or other)
Address 4932 Army Ave Date signed 12-28-42

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

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..... *C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Belmar*

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.