

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
Jewish Hospital  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....  
(c) City or town..... St. Louis  
(d) Street No..... 5828 Lindenwood Ave.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mabel M. Justice

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Roy Justice  
6. (c) Age of husband or wife if alive..... 61 years

7. Birth date of deceased..... Nov. 23rd 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 2 hr. min.

9. Birthplace..... Perry Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... Samuel Lopp  
13. Birthplace..... Maryland  
14. Maiden name..... Barbara Lindler  
15. Birthplace..... Romney W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Roy Justice  
(b) Address..... 5828 Lindenwood Ave.

17. (a) Burial (b) Date thereof..... 1-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Kriegshauser Mortuary

(b) Address..... 4228 So. Kingshighway Blvd.

19. (a) JAN 21 1943 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 25th  
year..... 1943 hour..... 5:30 minute..... P.M.

21. I hereby certify that I attended the deceased from.....  
6-1 1942 to..... 1-26 1942

that I last saw h..... alive on..... 1-25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of Right Breast  
with generalized metastasis  
to skin, bones and muscle  
and brain

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... as above

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..... [Signature] (M.D. or other)  
Address..... [Address] Date signed..... 1/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-1 or 11-1  
REARVIEW - Bldg  
1120870

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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 Richard W. Storrsant  
Licensed Embalmer No. 4007

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.**