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1980

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 10 1943

Registration District No.

Primary Registration District No. 1000

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

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:
St. Anthony's Hosp. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 27 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town..... St. Louis 95
(If outside city or town limits, write "RURAL")

(d) Street No. 6051 Bartmer
(If rural, give location)

Registered Alien

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Edith Glass

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-1103

4. Sex female / 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 December 14 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	31	2	11	hr. min.

9. Birthplace London England /
(City, town, or county) (State or foreign country)

10. Usual occupation Saleswoman

11. Industry or business Retail shoes

12. Name Benjamin Glass

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Cohn

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fay Dryfus

(b) Address 6020a Etzel

17. (a) burial (b) Date thereof 2/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chessed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
4715 McPherson

(b) Address

19. (a) FEB 24 1943 (b) J. J. Bedeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 21 - 43
to Feb 25 - 43
that I last saw her alive on Feb 25 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Lupus Erythematosa

Due to.....

Due to..... 153.2

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

PHYSICIAN

Major findings:
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 Robert P. Warner (M. D. or other) M.D.
Paul Brown Beck Date signed Feb 26 - 43

MOTHER FATHER

100

8812 mo

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



Licensed Embalmer No. 1597

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.