DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23361

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6221

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cabanne Nursing Home 4 Cabanne 5564 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. ~~5564 Cabanne~~ 4733 McMillan (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA or ANNIE PEARL

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 ISAAC PEARL

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

7. Birth date of deceased June (Month) 6 (Day) 1888 (Year)

8. AGE: Years About 55 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business housewife

FATHER
12. Name Chaim Tzvi Hembler
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Esther ?
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant's own signature Isaac Pearl

(b) Address 4733 McMillan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Glenhandler Funeral Home

(b) Address 4469 Washington Blvd

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1943 hour 6 minute 15a M.

21. I hereby certify that I attended the deceased from April 5, 1943, to July 9, 1943 that I last saw her alive on July 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Chronic nephritis	
Hypertension	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Alfred Goldman (M. D. or other) MD

Address 634 No Fund Date signed 7/9/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. I X19511

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed W. Z. Grenhandler

Licensed Embalmer No. 3669

P. O. Address 4469 Washingt

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, above space should be left blank.