

OCT 13 1943

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____
Registrar's No. **8742**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4551 Shenodoah**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**
year **1943** hour **12** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Sept. 1942** to **Oct 2, 1943**
that I last saw her alive on **Oct 1** and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of lung**
Duration **3 years**

3. (a) PRINT FULL NAME **ESTHER ADLER**

3. (b) If veteran, name war **No** 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 **Sam Adler** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased. **Dec. 25 1888**
(Month) (Day) (Year)

8. AGE: Years **54** Months **9** Days **7**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Housework**

12. Name **Burack Zuckerman**

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

14. Maiden name **Cessie Burard**

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

16. (a) Informant **Sam Adler**

(b) Address **4551 Shenodoah**

17. (a) **Burial** (b) Date thereof. **10-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **J. P. [Signature]**

(b) Address **4469 Washington**

19. (a) **OCT 3 1943** (b) **J. P. [Signature]**
(Date received local registrar) (Registrar's signature)

Other conditions **Hemorrhax Rt. Hirsutism CR, U.D.**
Major findings Of operations _____
Of autopsy **No**

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? _____ Means of injury _____
23. Signature **Wm. E. Barry** (M. D. or other) _____
Address **Wm. E. Barry** Date signed _____

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.