

FILED AUG 8 1944

Primary Registration District No. **1003**

Registrar's No. **6661**

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

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:
1909a Maury /
(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)

3. (a) PRINT FULL NAME Julia Steinberg

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 Single

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

7. Birth date of deceased..... Oct. 24 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 5 hr. min.

9. Birthplace New York N. Y. /
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Klines

12. Name Morris

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ted Steinberg

(b) Address 1909a Maury

17. (a) Burial (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona

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

(b) Address 5216 Delmar Blvd.

19. (a) JUL 30 1944 J. F. Bredek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 917
(d) Street No. 1909a Maury
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1944 hour..... minute 2 P. M.

21. I hereby certify that I attended the deceased from March 1944 to July 29 1944
that I last saw her alive on July 29 1944
and that death occurred on the date and hour stated above. 19.44

Immediate cause of death Carcinoma of Breast Duration 5 yr.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 50

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?

While at work?..... (Specify type of place) Means of injury.....

23. Signature Alfred M. Langford (M. D. or other) M.D.
Address 5727 Southwatt Ave Date signed July 29

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.....

J. Burgess

Licensed Embalmer No. 4029

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.