

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1810

FILED APR 6 1945
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
1717 Lawrence Ave.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 1717 Lawrence
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Marie Bienenstok

3. (b) If veteran, name war..... Nil 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... Roscoe Bienenstok 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... About 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 45 hr. min.

9. Birthplace..... Tipton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name..... Anthony Dougherty
13. Birthplace..... Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name..... Bridget Fahey
15. Birthplace..... Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Nellie Collette
(b) Address..... 5146 Page Ave.

17. (a) Burial (b) Date thereof..... 2-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... Albert H. Hoppe
(b) Address..... 4700 Washington Blvd.

19. (a) FEB 23 1945 (b) J. Medeah
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 22
year..... 1945 hour..... 10 minute..... 20 M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....
Coronary Occlusion
Coronary Sclerosis

Due to.....
J.H.
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... Alfred J. Perry (M. D. or other)
Address..... Deputy Coroner Date signed..... 2-23-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John Agonashi*
Licensed Embalmer No. *2398*
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.