

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

11782

FILED MAR 27 1946 318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 2472

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: CITY HOSPITAL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 60 years
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. 923 N. 13th ST.
(If rural, give location)
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME ESTHER GITTE WASSERSTEIN

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1946 hour _____ 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.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MAYER (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

Immediate cause of death _____

Chronic myocarditis
Chronic interstitial nephritis
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
abt. 74 hr. min.

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

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

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEWIFE

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Celia Hawk

(b) Address 1472 Clara

17. (a) BURIAL (b) Date thereof 3-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesnut St. EMETH

18. (a) Signature of funeral director W. E. Henderson
(b) Address 4469 Washington

19. (a) MAR 14 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____

23. Signature W. E. Henderson (M. D. or other) _____
Address _____ Date signed 3/14/46

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.

Not Embalmed

Signed *W. Benharder*
.....
Licensed Embalmer No. *3669*
.....
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.