

FILED JUL 22 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1495

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural: Airport Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution JEWISH SANATORIUM
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 year 11 months
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5713a Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lizzie Stone (also known as Elizabeth Stone)

3. (b) If veteran, name war No

3. (c) Social Security No. 491-16-4274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day eleven year 1946 hour seven minute 15 P. M.

21. I hereby certify that I attended the deceased from August 13, 1946, to July eleven, 1946; that I last saw her alive on July 8, 1946; 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 divorced

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

7. Birth date of deceased May 1st 1888
(Month) (Day) (Year)

Immediate cause of death Anterior infarct of heart disease nephrosis

Due to 61

Duration 10 years

PHYSICIAN about 10 months

8. AGE: Years 58 Months 2 Days 10 If less than one day hr. _____ min. _____

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

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation furrier

11. Industry or business _____

12. Name Samuel Iuster

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

14. Maiden name Sarah Leibovitz

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

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? _____

16. (a) Informant Thomas Stone

(b) Address 3308 Belt Avenue

17. (a) burial (b) Date thereof 7/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address _____

19. (a) 1-16-46 (b) Ed M. Hancock
(Date received local Registrar) (Registrar's signature)

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

3. Signature Ed M. Hancock (M.D.)

Address JEWISH SANATORIUM Date signed 7/14/46

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

36
00

SEP 20 1948

AUG 21 1948

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.....

Arthur Ludwig

Licensed Embalmer No..... *4229*

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.