

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32275

FILED SEP 24 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8051

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 7 weeks  
(Specify whether \_\_\_\_\_)

In this community 8 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5068 Cates  
(If rural, give location)

(e) Citizen of foreign country Registered Alien (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOSES THAL

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17th  
year 1946 hour 2 minute 00 a.m.

21. I hereby certify that I attended the deceased from  
Aug. 20 1946 to Sept. 17 1946  
that I last saw him alive on Sept. 17<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Thal

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

7. Birth date of deceased JUNE 20 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>27</u> <u>25</u>	hr. _____ min. _____

Immediate cause of death Melanotic Carcinoma

Due to Carcinoma of Gall Bladder

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

Major findings: Carcinoma of Gall Bladder  
Of operations live, carcinoma

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Herbert Thal

(b) Address 5068 Cates Ave.

17. (a) burial (b) Date thereof 9/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brith Shalom

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) SEP 18 1946 (b) J. J. Predeck  
(Date received from registrar) (Registrar's signature)

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 A. E. Schechter (M. D. or other) MD

Address 5500 Olive Date signed 24 Sept 46

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

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**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.....

*Henry A. 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.**