

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32308**
Registrar's No. **8176**

FILED SEP 30 1948
Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5746 NIKSBURY - FRIENDS HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 40 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. 1462 BELL
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JENNIE WALDMAN

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 46 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 8, 1946, to Sept 20, 1946
that I last saw her alive on Sept 20, 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 Married

6. (b) Name of husband Nathan Waldman

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 10 mts.

Due to generalized arterial sclerosis many years

8. AGE:

Years	Months	Days	If less than one day
<u>abr 68</u>			hr. min.

Due to _____

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

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

10. Usual occupation: Housework

11. Industry or business: Housewife

12. Name: LOUIE A. T. GER

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

14. Maiden name: MALKA

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

Major findings: Of operations _____

Of autopsy none

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

16. (a) Informant: Nathan Waldman

(b) Address 1462 Bell

17. (a) BURIAL (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Sheh Emet

18. (a) Signature of funeral director: Ben Heppel

(b) Address 4469 Washington

19. (a) SEP 23 1948 (b) J. Z. Blum
(Date received local 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 0

23. Signature: Joseph Magidson (M. D. or other) MD
Address 120 Westgate Date signed 9-22-46

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.....

W. J. Ken handle

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.