

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42954
Registrar's No. 10851

FILED DEC 23 1946

318

Primary Registration District No. _____

1003

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

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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME FANNIE SHAPIRO

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Morris S. Shapiro 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: 61 Years Months _____ Days _____ If less than one day
About 65 hr. _____ min.

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

10. Usual occupation At home

Industry or business 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 Morris S. Shapiro
(b) Address 5954 Bartmer

17. (a) Burial (b) Date thereof 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodot

18. (a) Signature of funeral director H. Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) DEC 18 1946 (b) J. F. Bruleck
(Date recorded local registrar) (Registrar's signature)

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. 5954 Bartmer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1946 hour 2:00 minute _____ a. m.

21. I hereby certify that I attended the deceased from Dec 5, 1946, to Dec 18, 1946
that I last saw her alive on 18 Dec, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of rectum
Duration _____

Due to _____
Due to _____

Other conditions Post-operative intestinal obstruction
(Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of rectum
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)
(c) Means of injury _____

23. Signature Clayton Eckert (M. D. or other) MD
Address 539 4th Grand Date signed 12/18/46

MAR 19 1947

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 *J. J. Burgess*.....

Licensed Embalmer No. *4029*.....

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.

.V
I-M
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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10851

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of ^{birth} death
for Fannie Shapiro died 12-18, 1946 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read About 61

Instead of _____
" 65

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Clarence B. Roth Funeral Dir.
Relationship.

5216 Delmar
Present Address.

Subscribed and sworn to before me this 21 day of Jan., 1947

My Commission expires 3-4-49 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

42954