

S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10490
2970
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 1 day (Specify whether
In this community 23 years (Specify whether
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. 2719 Dickson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ARANOWITZ
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nathan Aranowitz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 15 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 1 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Nathan Serebernick
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Goldie Wasserman
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Aranowitz
(b) Address 2719 Dickson

17. (a) Burial (b) Date thereof 2/20/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director _____
(b) Address 4715 McPherson Avenue

19. (a) MAR 20 1947 (b) J. J. Bruseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19, 1947
year _____ hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from March 18
1947 to March 19 1947
(that I last saw her alive on 3-19- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to Diabetes Mellitus
Due to _____
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations 61
Of autopsy _____
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 0
23. Signature M. J. Jackson (M. D. certifier)
Address 508 N. Grand Date signed 3-20-47

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

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

James A. Prud'homme
.....
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.