No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18624

FILED JUN 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5622

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: 0
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5728 Westminster 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Bluestone
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 Widow 2
6. (b) Name of husband or wife Samuel Bluestone
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 72 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 0
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Joseph Pomerance 1
13. Birthplace (City, town, or county) Russia (State or foreign country) 0

MOTHER
14. Maiden name unknown 1
15. Birthplace (City, town, or county) Russia (State or foreign country) 0

16. (a) Informant Chas. Bluestone
(b) Address 7241a Amherst
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Herman Rudkopf
(b) Address 5216 Delmar Blvd.
19. (a) JUN 7 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6 year 1947 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from June 5, 1947 to June 6, 1947 that I last saw her alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral Thrombosis	1 day.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): hypertension arteriosclerosis	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature David Feldman (M. D. or other) MD
Address 634 N. Grand Date signed 6/6/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) David Feldman

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 John Ketter

Licensed Embalmer No. 3880

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.