No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25467
Registrar's No. 7088

FILED AUG 8 1947
Registration District No. 318
Primary Registration District No. 1003

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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6004
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand Blvd. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME Sarah Deutsch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem. 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Benjamin Deutsch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 80 | Months — | Days — | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 1 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Unknown 1
13. Birthplace (City, town, or county) Russia 6
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 1 (State or foreign country)
16. (a) Informant A. Deutsch
(b) Address 705 Westwood Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) JUL 31 1947 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30 year 1947 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from 7/27, 1947, to 7/30, 1947
that I last saw her alive on 7/29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	6 days
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) diabetes mellitus.	
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) 0
While at work (e) Means of injury
23. Signature D. Feldman (M. D. or other) M.D.
Address 634 N. GRAND Date signed 7/30/47

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

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 No Embalming

Licensed Embalmer No. Herman Linds

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.