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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31427

FILED OCT 1 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8200

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: 1438 E GRAND-OLD FOLKS-HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years 5 (Specify whether

In this community 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County OOW

(c) City or town St Louis (If outside city or town limits, write "RURAL") ?

(d) Street No. 1438 E Grand (If rural, give location) ?

(e) Citizen of foreign country? 9 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IDA SHAPIRO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband ~~or wife~~ Late David Shapiro

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

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

8. AGE: Years abt. 84 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

FATHER 12. Name Sam Stambolchick

FATHER 13. Birthplace Russia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Morris Feinstein

(b) Address 18 Geyer Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona

18. (a) Signature of funeral director Ottenhandler

(b) Address 5010 Enright

19. (a) SEP 20 1948 (Date received local registrar) (b) J. F. Bresek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Aug 19 7, to Sept 19 8, and that I last saw her alive on Sept. 19 4, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Thyroid after thyroidectomy

Due to Cardiac failure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ellis Ross (M. D. or other)

Address 1918 West Gam Date signed

(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. H. B. Reinhardt

Licensed Embalmer No. 3669

P. O. Address. 5010 Enright

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.