FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34999

FILED NOV 9 1948

Registration District No. 3147

Primary Registration District No. 2002

Registrar's No. 2483

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Univ.City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute County Hosp. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7yrs.10months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St.Louis 96
(c) City or town Univ.City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 Riegret 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAULA DAVID

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 2 1940
(Month) (Day) (Year)

8. AGE: Years 7 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace St.Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Simon David
13. Birthplace Persia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gerte M. Gladstone
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.G. David
(b) Address 1323 Riegret U.City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) 10-29-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

DIED WITHOUT MEDICAL ATTENDANCE

Immediate cause of death

Cause unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or XXXXX)
Address Commissioner of Health Date signed 10-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Lewis L. Ludwig

Licensed Embalmer No. 4229 T

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.