FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35002

Primary Registration District No. 2402

Registrar's No. 2543

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6315 DelmarsBlvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 ydrs. (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Univ. City
(If outside city or town limits, write "RURAL")
(d) Street No.: 6315 Delmar
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ANNA FLIER
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: Married
6. (b) Name of husband or wife: Joe
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: Unk. (Month) (Day) (Year)

8. AGE: Years: ab. 58 Months: Days: If less than one day: hr. min.

9. Birthplace: (City, town, or county) Russia (State or foreign country) b
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Unk. Jackson
13. Birthplace: (City, town, or county) Russia (State or foreign country) b
14. Maiden name: Unk.
15. Birthplace: (City, town, or county) Russia (State or foreign country) b
16. (a) Informant: Mr. Joe Flier
(b) Address: 6315 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson Av.
19. (a) 10-31-48 (Date received local registrar) (b) Carrie A. Shepard (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: OCTOBER day: 29
year: 1948 hour: 12 minute: 10 A.M.
21. I hereby certify that I attended the deceased from: JULY 1948, 19..., to: PRESENT, 19...;
that I last saw h.e.r. alive on: Oct 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF LIVER WITH — Duration: 4-6 MONTHS
Due to: METASTASIS TO SPLEEN + OTHER ABDOMINAL VISCERA
Due to:
Other conditions: (Include pregnancy within 3 months of death)
46 f

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:

23. Signature: Howard Friedman (M. D. or other)
Address: 634 No. Grand Blvd. Date signed: 10-29-48

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 Ludwig

Licensed Embalmer No. 4329

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.