

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12551

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 201
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. 768 Hamilton Ave St. 526
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3155

2. PRINT FULL NAME

Elizabeth C. Tanzer
 (a) Residence, No. 768 Hamilton Ave St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Tanzer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1864
 7. AGE YEARS 73 MONTHS 7 DAYS 13
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bohemia
 (STATE OR COUNTRY)

13. NAME Abraham Cohn
 14. BIRTHPLACE (CITY OR TOWN) Bohemia
 (STATE OR COUNTRY)

15. MAIDEN NAME Hannah
 16. BIRTHPLACE (CITY OR TOWN) Bohemia
 (STATE OR COUNTRY)

17. INFORMANT J. Tanzer
 (ADDRESS) 768 Hamilton Ave

18. BURIAL Mount Sinai
 PLACE Mt. Sinai DATE 4/4 1938

19. FUNERAL DIRECTOR J. Mayer
 (ADDRESS) 4356 Lindell Blvd

20. FILED APR 4 1938 J. B. Brudeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Apr 2, 1938
 I last saw him alive on Apr 2, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Intestinal Date of onset 2 mos?

Other contributory causes of importance: Diabetes 10 yrs

Name of operation clinical Date of hi
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify a in Frank, M. D.
 (Signed) 3651 Grand
 (Address) 3651 Grand

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppa, Licensed Embalmer No. 2971
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____
working under my personal supervision.

Signed

Albert G. Hoppa

Licensed Embalmer No. 2971

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.)