

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15001

1. PLACE OF DEATH

County.....
Township St. Louis
City..... (No. Jewish Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3917
St. Ward)

2. FULL NAME

Anna Kodner

(a) Residence. No. 5707 Westminster Pl. St. 5 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15-1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>7</u>	<u>II</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Jake Kodner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie Blitser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Jake Kodner
(Address) 5707 Westminster

15. FILED 9 19 1928 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to April 7, 1928, that I last saw h. or alive on April 7, 1928, and that death occurred, on the date stated above, at 10:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurgitation
Endocarditis Regurgitation
acute Rheumatism
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 92H
(duration) yrs. mos. da. 56E

18. WHERE WAS DISEASE CONTRACTED 92H
IF NOT AT PLACE OF DEATH? 56E

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? M. J. Press, M. D.
(Signed) 4/8, 1928 (Address) Missouri Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chered Shel Emeth Cem DATE OF BURIAL April 9 1928

20. UNDERTAKER A Rindskopf ADDRESS 5216 Delmar

