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

Do not use this space.

24482

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1113

City St. Louis (No. Jewish Hosp St. ..... Ward)

File No. .....

Registered No. 6614

2. FULL NAME Lena Ukman

(a) Residence, No. 4336a McRee St., 17 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ukman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1891

7. AGE YEARS 40 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 299

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Georgia

FATHER

13. NAME Adolph Kassel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Rachel Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Mrs. B. M. Frank Southwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unai Amoona DATE 7/19 1932

19. UNDERTAKER (ADDRESS) A. B. Berger

20. FILED JUL 19 Alex Hankel Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 17, 1932

I last saw her alive on July 17, 1932. Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

Cancer of ovary

49A

1396

49

Date of onset

Other contributory causes of importance:

Heart failure ①

Name of operation Turbo-vaphoro-hyst. ... Date of July 9, 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? no

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 .....

(Signed) Carl Heifetz, M. D.

(Address) Jewish Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2