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.

AUG 9 1935

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

Do not use this space.

24886

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6321

City St. Louis (No. 5852 Perry Ave. Home St. ..... Ward)

2. FULL NAME Chaze Lemcovitz

(a) Residence, No. 5852 Perry Ave. St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Eugene Lemcovitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: about 65 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) July 23-35
11. Total time (years) spent in this occupation 42 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

17. INFORMANT (ADDRESS): William Lemcovitz 5852 Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chesed Shel Emeth DATE: July 25, 1935

19. UNDERTAKER (ADDRESS): Oxenhandler Funeral Dist. 4469 Washington Blvd

20. FILED JUL 25 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1935

22. I HEREBY CERTIFY That I attended deceased from January, 1935, to July 23, 1935. I last saw her alive on July 20, 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

	Date of onset
Myocarditis Chronic	
Emphysema	
Arteriosclerosis	

46

Other contributory causes of importance:

Possible Ca. of Oesophagus.

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) J. Probstein (PROBSTEIN), M. D.

(Address) 4500 Olive