

AUG 18 1936 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH **791**

Do not use this space.

28136

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township **St. Louis** Primary Registration District No. **Jewish Hospital**
 City..... (No.....)

File No.....
 Registered No. **6883**
 St..... Ward.....

2. FULL NAME

Rebecca Brilliant
1354 Shawmut

(a) Residence, No. St. **6** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/7**, 19**36**

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

22. I HEREBY CERTIFY, That I attended deceased from **7/6**, 19**36**, to **7/7**, 19**36**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNKNOWN**

I last saw her alive on **7/7**, 19**36**. Death is said to have occurred on the date stated above, at **7:15** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **ab 78 8**

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

ARTERIO SCLEROTIC HEART DISEASE Date of onset **5/1/36**
ARTERIO SCLEROSIS, GENERAL

Other contributory causes of importance:

H. N. SARCA

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

What test confirmed diagnosis?..... 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?.....

If so, specify..... (Signed) **Dr. William**, M. D.

(Address) **Jewish Hospital**

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.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Roumania**

13. NAME **Moses (unk)**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Roumania**

15. MAIDEN NAME **Hannah (unk)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Roumania**

17. INFORMANT **David Brilliant** (ADDRESS) **1357 Temple**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **7/8/36**, 19.....

19. UNDERTAKER **J. B. Bynum & Co.** (ADDRESS) **4715 N. S. Highway**

20. FILED **JUL 8 1936** **St. Bredek** Registrar.

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

Do not use this space.

AUG 18 1936

1. PLACE OF DEATH

County.....
 Township.....
 City *St. Louis* (No.....)

Registration District No. **791**
 Primary Registration District No. **1003**

File No.....
 Registered No. **6083**
 St..... Ward.....

2. FULL NAME

Rebecca Brilliant

(a) Residence, No..... St..... 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unt*

7. AGE *46* YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.....
 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).....
 11. Total time (years) spent in this occupation.....

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

FATHER
 13. NAME.....

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

MOTHER
 15. MAIDEN NAME.....

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

17. INFORMANT *X Mrs. Rebecca Brilliant*
 (ADDRESS) *577 Minnesota Ave*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED *7-17-36* *J. F. Bredeck*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1936*

22. I HEREBY CERTIFY, that I attended deceased from....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Heart

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)....., M. D.

(Address).....

AFFIDAVIT FOR CORRECTION OF DEATH RECORD.

STATE OF MISSOURI)
)SS
CITY OF ST. LOUIS)

On this 24th day of July, 1936, before me, a Notary Public in and for the City of St. Louis personally appears Miss Etta Brilliant who upon her oath deposes and states that she desires to correct the death certificate of her mother, Mrs. Rebecca Brilliant, widow of Jacob Brilliant, who died at the Jewish Hospital, July 7th, 1936.

Affiant further states she now resides at 1354 Shawmut Place in St. Louis, Mo., the residence of her mother prior to her death.

Affiant further states that she desires by this affidavit to correct the age of her mother as stated on the death certificate, #6883, filed in the office of Vital Statistics, in St. Louis, Mo., July 8th, 1936. The original statement gave her mother's age as "about 76", the nearest and most correct age available to the affiant's knowledge.

Affiant further states that the age of her mother at "about 76" at the time of her death corroborates her mother's statements during her lifetime as to her age. The age given on the death certificate was corrected by the Undertaker to read "about 68". The affiant desires the age to appear as "about 76".

Affiant also bases her belief as to her mother's age on the marriage license of her parents which was issued in Braila, Roumania, March 17th, 1879, at which time her father's name had not been Americanized and was spelled Herman Berlantu instead of Herman Brilliant. The maiden name of the affiant's mother was Rebecca Soloman Joseph.

The above is true to the best of my knowledge and belief.

x Etta Brilliant
Affiant.

Subscribed and sworn to before me this 24th day of July, 1936.

Stanton G. Mockler
Notary Public.

My Commission Expires June 6, 1937.

CERTIFICAT DE CĂSĂTORIE

nr 92

Județul București
Pla. București
Primăria comunei _____

D. C. Herman Ber Lant
și Domania a Prifco Palmar Terpu
s'au căsătorit astăzi, la această primărie, înscrind-se în registru sub Nr. 92 și, spre
credință, li s'a liberat acest certificat, spre a le servi pentru căsătoria religioasă.

PRIMAR: [Signature]

(Sigiliul primăriei)



5-28134

Anul una mie opt sute șaptezeci și 9 luna Martie ziua septedezei
[Signature]

CERTIFICAT DE CASATORIE

92

Județul

Reș.

Primăria comunei

Privece

D. C. *Herman Berlan*

și *Dana* a *Privece*

s-au căsătorit astăzi, în această primărie, înscrind-se în registru sub Nr. *92* și, spre credință, li s'a liberat acest certificat, spre a le servi pentru căsătoria religioasă.

PRIMAR: *[Signature]*

(Sigiliul primăriei)



Anul una mie opt sute șapte-zeci și

9

luna

Martie (sua *septembrie*)
Sâmbătă

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. Jewell Hosp)

File No.

Registered No. 6883

St. Ward

2. FULL NAME

Rebecca Brilliant

(a) Residence, No. 1354 Shawmat 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

W

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 76

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-24-36 J. Bredala Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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) M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

11618 1936

CAUSE OF DEATH in plain terms, so that it may be properly classified. A correct statement of OCCUPATION is very important.