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

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.

NOV 4 1936

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

Do not use this space.

39324

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 10359

2. FULL NAME Rose Lasky

(a) Residence, No. 4357 a Evans St., 11 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): widow

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

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

7. AGE: ab 71 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. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chernigow U.S.S.R.

FATHER

13. NAME Nathan Ephraim Yoffe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER

15. MAIDEN NAME Eska Chai

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT (ADDRESS) Mrs. Sadie Heller 4357a Evans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE Oct. 14, 1936

19. UNDERTAKER (ADDRESS) H. J. Oberger 4715 McPherson

20. FILED OCT 1 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 8th, 1936, to October 14, 1936

I last saw her alive on October 14, 1936 Death is said to have occurred on the date stated above, at 9 40 p.m.

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

	Date of onset
Arteriosclerotic Heart Disease	
Coronary Artery Disease	
54	
Other contributory causes of importance:	
Ventricular Tachycardia	Oct 1936
Diabetes Mellitus	
Acute Pulmonary Edema	

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) D. C. McMillan, M. D.

(Address) Jewish Hospital

1 X7284