APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10849

Township ..... Primary Registration District No. 1003 Registered No. 3423

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

2. FULL NAME Rebecca Marshak

(a) Residence, No. 6040 Waterman 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. Oct. 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt.	62	5	—	

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) Minsk U. S. S. R.

FATHER

13. NAME Hyman Moses Ginsburg

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

MOTHER

15. MAIDEN NAME Mollie Schulman

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

17. INFORMANT (ADDRESS) David Baron 7129 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bnai Amoona DATE 3/30/ 1937

19. UNDERTAKER (ADDRESS) H B Berger 471 Pine Pherson

20. FILED MAR 29 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to March 29, 1937

I last saw her alive on March 25, 1937 Death is said to have occurred on the date stated above, at 3 a.m. (3-29-37)

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

Lobar pneumonia

Date of onset

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Other contributory causes of importance: Myocarditis Chronic

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

What test confirmed diagnosis? Physical + Lab. 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) A. G. Margulis, M. D.

(Address) University Club Bldg.

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.

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