

MAY 7 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. ....

Township .....

Primary Registration District No. ....

City .....

(No. Jewish Hospital)791  
1003

File No. ....

11331

Registered No. ....

3827

St. .... Ward)

2. FULL NAME Yenta Schlesinger(a) Residence, No. 1423 Belt St. 6 Ward. ....

(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*)  
married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Larry Schlesinger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
5 ab 318. 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) Bessarabia  
(STATE OR COUNTRY) Roumania13. NAME Abraham Berg14. BIRTHPLACE (CITY OR TOWN) Roumania  
(STATE OR COUNTRY)15. MAIDEN NAME Brayna Shapiro16. BIRTHPLACE (CITY OR TOWN) Roumania  
(STATE OR COUNTRY)17. INFORMANT Harry Schlesinger  
(ADDRESS) 1423 Belt18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 4/11/3719. UNDERTAKER H. B. Berger  
(ADDRESS) 2715 McPherson20. FILED APR 10 1937 Registrar. J. J. Predeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9, 193722. I HEREBY CERTIFY, That I attended deceased from 2/20, 1937, to 4/9, 1937I last saw her alive on 4/9, 1937 Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Carcinoma of ovary Date of onset 2/20/37

Other contributory causes of importance:

Intestinal syphilisName of operation None Date of .....What test confirmed diagnosis? X-ray 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) Max Jacobson, M. D.(Address) Jewish Hosp

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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