AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No. 25743

Township — Primary Registration District No. 1003 — Registered No. 6917

City — (No. Jewish Hospital St. Ward)

2. FULL NAME Betty Hershcovitz

(a) Residence, No. 1470 Clara 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 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: Solomon Hershcovitz

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

7. AGE: 62 — YEARS: ab 66 — 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): Bucharest Roumania

FATHER

13. NAME: Abraham (unk)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roumania

MOTHER

15. MAIDEN NAME: unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roumania

17. INFORMANT (ADDRESS): Herman Hersh 5852 a Kennerly

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CHESED SHEL EMPTH DATE: 7/20/37, 19

19. UNDERTAKER (ADDRESS): H B Berger L & U Co. 4715 McPherson

20. FILED: JUL 20 1937 — J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1937, to July 19th, 1937

I last saw her alive on July 19th, 1937. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Broncho pneumonia — Date of onset: 1937

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Other contributory causes of importance:
Generalized Arteriosclerosis
Senile Emphysema Non TB

Name of operation: None — 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) [signature], M. D.
(Address)

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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