OCT 14 1937

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

32689
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8743

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fanny Brody
(a) Residence, No. 1459 Clara St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: remale
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 Gus Brody

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

7. AGE: ab 75 | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Lithuania

FATHER
13. NAME Samuel Baer Land
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER
15. MAIDEN NAME Jeanette (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT J. Backer
(ADDRESS) 1423 Belt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beth Ham Hag DATE 9/19/37 19

19. FUNERAL DIRECTOR H. W. Berger
(ADDRESS) 4715 McPherson

20. FILED SEP 18 1937 19 J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 14th, 1937, to September 17, 1937
I last saw her alive on September 17, 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1937

Other contributory causes of importance:
Generalized Arteriosclerosis
Bilateral Bronchopneumonia 1937

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) Israel Goldenberg, M. D.
(Address) Jewish Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, H. D. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me,

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed H. D. Berger

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)