

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32690

Do not use this space.

1. PLACE OF DEATH

(a) County

(b) Township

(c) City

(e) Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth?

2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Ether Smith Prelutsky

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

unk

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

ab 42

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which work was done, as saw mill, bank, etc.

Retail vegetable

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)

St. Louis

FATHER

13. NAME

Louis Prelutsky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lithuania

MOTHER

15. MAIDEN NAME

Mollie (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lithuania

17. INFORMANT (ADDRESS)

H. I. Berger
4715 McPherson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Beth Ham Hag

DATE

9/19/37

19. FUNERAL DIRECTOR (ADDRESS)

H. I. Berger
4715 McPherson

20. FILED

SEP 18 1937

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 15, 1937, to September 17, 1937.

I last saw him alive on September 17th, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Cerebral Thrombosis
Hypertension Essential
Pulmonary Edema

Date of onset
1937

1937

Other contributory causes of importance:

Chronic Nephritis
Hypertensive Heart Disease

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)

(Address)

Heal Goldenshine, M. D.
Jewish Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, H. J. 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. J. 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.)