

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

39460
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**
 (a) County..... Registration District No. **791 2**
 (b) Township..... Primary Registration District No. **1008 1**
 (c) City **St. Louis** (d) Street No. **1465 a Hamilton** 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 **Doba Boraz**
 (a) Residence, No. **1465 a Hamilton** 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 **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 **Isaiah Boraz**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unk**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **27 ab 72**
 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) **Volhynia**
 (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **Isaac Fendelman**
 14. BIRTHPLACE (CITY OR TOWN) **Poland**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Anna (unk)**
 16. BIRTHPLACE (CITY OR TOWN) **Poland**
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. Esther Fendelman**
 (ADDRESS) **1465 a Hamilton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth 11/10/37**

19. FUNERAL DIRECTOR (ADDRESS) **7115 McPherson**

20. FILED **NOV 10 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-10-1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 17, 1937** to **Nov. 10, 1937**
 I last saw her alive on **Nov 10, 1937**. Death is said to have occurred on the date stated above, at **4 A.** m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of pelvic viscera
For further information, contact primary doctor
 Other contributory causes of importance:
 Date of onset

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? **no** 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? **no**
 If so, specify (Signed) **A. F. Lerner**, M. D.
 (Address) **1284 N. Kingshighway**

1 X12004
 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.
 WRITE PLAINLY WITH OUTLINED INSTRUMENTS IN A LEGIBLE HAND

STATEMENT BY LICENSED EMBALMER

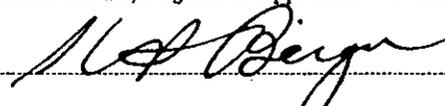
I, Herbert I. Berger, Licensed Embalmer No. 1597

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



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.)