WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-20-37 I X12004

REC'D AUG 12 1938

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

23749
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis Mo
(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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6443

2. PRINT FULL NAME BABY BOY HERSHKOWITZ 628
(a) Residence, No. 1342 Blackstone Ave. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLES
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Stillborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/19/38
7. AGE 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.
9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
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, MO 0

FATHER
13. NAME Harry Hershkowitz 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

MOTHER
15. MAIDEN NAME Ida Politanik
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Harry Hershkowitz 1342 Blackstone Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE July 19 1938
19. FUNERAL DIRECTOR (ADDRESS) Oxenhandler Funeral Home 4469 Washington Blvd.
20. FILED JUL 19 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1938, to, 1938
I last saw him alive on, 19 — Death is said to have occurred on the date stated above, at 2 00 AM m.
The principal cause of death and related causes of importance were as follows:

Stillborn Premature Fetus

Cause:- Premature Separation of Placenta

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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) William Berman, M. D.
(Address) 2165 Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Not embalmed, Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)