

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

30334
Do not use this space.

REC'D OCT 1 1938

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** 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 **29** yrs. mos. ds. (f) How long in U. S., if of foreign birth **82** yrs. mos. ds.

2. PRINT FULL NAME **Helene Probe**

(a) Residence, No. **6655 Washington** St. **U. City, Mo.**
 (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 **widowed**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Sol Probe**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 24, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 7

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) **Tarnopol** 7
 (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **Wolff B. Winkler** 7
 14. BIRTHPLACE (CITY OR TOWN) **Poland** 7
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Chaye Taube Rosen** 7
 16. BIRTHPLACE (CITY OR TOWN) **Poland**
 (STATE OR COUNTRY)

17. INFORMANT **Emil Probe**
 (ADDRESS) **37 Hilldale Drive**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **9/2** 1938

19. FUNERAL DIRECTOR (NAME) **H. B. Berger**
 (ADDRESS) **4715 McPherson**

20. FILED **SEP - 1 1938** **J. D. Bricker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 31, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 26** to **Aug 31**, 19**38**
 I last saw h. alive on **Aug. 31**, 19**38**. Death is said to have occurred on the date stated above, at **11:05 P.**

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

Broncho-pneumonia Date of onset

Other contributory causes of importance:

Carcinoma of vulva

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? **no**
 If so, specify _____ M. D.
 (Signed) **Samson Weisenman**
 (Address) **Mo. Theater Bldg.**

STATEMENT BY LICENSED EMBALMER

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

H.I.Berger

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. **1597**

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.