

REC'D JAN 11 1939

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

41007

Do not use this space.

10699

## 1. PLACE OF DEATH

(a) County..... / Registration District No. **1003**  
 (b) Township..... Primary Registration District No.....  
 (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

(a) Residence, No. 120 N. Forsythe St. **NR CLAYTON, 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 (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Tzinberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 3 27

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) Russia

FATHER 13. NAME Meyer Poleshek

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

MOTHER 15. MAIDEN NAME Ida Margulas

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

17. INFORMANT (ADDRESS) Ben Tzinberg  
120 N. Forsythe

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 12-13-1938

19. FUNERAL DIRECTOR (ADDRESS) Herman Rindskopf  
5216 Delmar Blvd.

20. FILED J. P. Bredbeck 19 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1928, to Dec 12, 1938  
 I last saw her alive on 12-12 (9 AM), 1938. Death is said to have occurred on the date stated above, at 11:00 m.  
 The principal cause of death and related causes of importance were as follows:

Acute Heart Failure

Date of onset  
12-10-38

Other contributory causes of importance:

Hypertension

Diabetes mellitus

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physic. Exam 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) Daniel J. Seltzer, M. D.  
 (Address) 607 North Grand St.

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BIRTHING

V. S. NO. 2.

50M-7-20-37

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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.

