REC'D FEB 10 1939

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

Do not use this space. 165

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 165
(c) City St Louis (d) Street No. Faith 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 432 Rebecca or Beckie Holtzman
(a) Residence, No. 6841 Minerva 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Chiam Holtzman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE Years About 71 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. herself
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 55

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

FATHER
13. NAME Mendel Handelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

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

17. INFORMANT (ADDRESS) Ben Holtzman 1436 Bell Ave
18. BURIAL, CREMATION, OR REMOVAL Chesed Shel Emeth DATE Jan 5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kendandle 4469 Washington
20. FILED JAN 5 1939 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1938, to Jan. 4th, 1939
I last saw her alive on Jan. 3rd, 1939. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia right side caused by arterio sclerosis

Date of onset Dec. 14th 1938.

Other contributory causes of importance:
Arteriosclerosis and Senility.

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?
If so, specify
(Signed) M. A. Pollack, M. D.
(Address) 230 Metropolitan Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

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, W. G. Ofenhandle, or by .....

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

Signed W. G. Ofenhandle

Licensed Embalmer No. 3669

P. O. Address 4469 Washington

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.