REC'D MAR 13 1939

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

4621
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 1314
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Nadichh
(a) Residence, No. 1369a Shamut 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 Isaac Nadich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)

7. AGE: Years ab 62; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

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) U.S.S.R.

FATHER
13. NAME Aaron Seltzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER
15. MAIDEN NAME Sarah (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Eugene Seltzer
(ADDRESS) 5453a Vernon

18. BURIAL, CREMATION, OR REMOVAL
PLACE ChesedShelEmeth DATE 2/10 1939

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

20. FILED FEB 10 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Feb. 8, 1939
I last saw her alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
24	
Other contributory causes of importance: Diabetes - Arteriosclerosis - Hypertension - diabetic coma	

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? ..... 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) Max J. Haldeman, M. D.
(Address) 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, ~~or by~~ HERBERT I BERGER, ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed [signature]

Licensed Embalmer No. 1599

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

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