

RECD MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4719
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Lukes 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 **Jennie Kahane**

(a) Residence, No. **5812 Enright** St. **5**
 (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 **Jacob Kahane**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 12- 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 I

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**
 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) **Germany**

FATHER 13. NAME **Jacob Rosenheim**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Leulle Lewis**
 (ADDRESS) **58-2 Enright**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago Ill.** DATE **2-14-39**

19. FUNERAL DIRECTOR **H. Rindorff**
 (ADDRESS) **5216 Delmar**

20. FILED **FEB 17 1939** **J. B. Bredok**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-13**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **1-17**, 19**39**, to **2-13**, 19**39**

I last saw her alive on **Feb. 13**, 19**39**. Death is said to have occurred on the date stated above, at **5:10 a.m.**

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

Bronchopneumonia
878

Other contributory causes of importance:
Postop. craniotomy
Arteriosclerotic heart disease
operation for Parkinson Disease

Name of operation **Craniotomy** Date of **1-20-39**
 What test confirmed diagnosis? Was there an autopsy? **yes**

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 **(VA. UGHAN)**
 (Signed) **J. Russell Vaughan**, M. D.
 (Address) **5512 Heloise**

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,, 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... *C. W. Cooper*

Licensed Embalmer No. *3830*

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.)