

RECD APR 12 1939

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

8177
Do not use this space.

791
1003

1942

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City *St. Louis*..... (d) Street No. *St. Louis Hospital*..... St.
(e) Length of residence in city or town where death occurred *4 1/2* yrs. mos. ds. (f) How long in U. S., if of foreign birth? *4 1/2* yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *1438 E Grand Blvd* St. 9 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 28, 1939*

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

22. I HEREBY CERTIFY, That I attended deceased from *July 1933* to *February 28, 1939*

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

I last saw her alive on *February 28, 1939* Death is said to have occurred on the date stated above, at *135 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 75

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

Cerebral Apoplexy

Date of onset *2/16/39*

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. *housework*
10. Date deceased last worked at this occupation (month and year) *Jan 15, 1939* 11. Total time (years) spent in this occupation *about 60*

Other contributory causes of importance:
*Arteriosclerotic Heart Disease
Hypertension*

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

FATHER 13. NAME *Jake Orenstein*

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

MOTHER 15. MAIDEN NAME *Bessie Fishgall*

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

17. INFORMANT (ADDRESS) *Maurice Sealer
5394 Pershing*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ches. Shel. Em. Park, 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Deborah L. Tamm
4116 Washington*

20. FILED *MAR 1 1939* *J. B. Bredet* Local Registrar

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* 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.....
(Signed) *Joe M. Orenstein* M. D.
(Address) *5300^a Eastern Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FINGERPRINTS 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, W. J. Overhander, Licensed Embalmer No. 3669

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed William J. Overhander
Licensed Embalmer No. 3669

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.)