REC'D MAY 10 1939

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

791
1003

13449
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003

(b) Township Primary Registration District No. Registered No. 3791

(c) City ST. LOUIS 1 (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 25 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BECKY TZINBERG

(a) Residence, No. 4751A NEWBERRY St. 12
(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 ELY TZINBERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1887

7. AGE: Years 51 | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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 UNKNOWN ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA ?

MOTHER

15. MAIDEN NAME UNKNOWN ?

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

17. INFORMANT (ADDRESS) ELY TZINBERG 4051 Newberry

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE CHESED SHEL EMES DATE 4-24 1939

19. FUNERAL DIRECTOR (ADDRESS) Herman Rudolph 5216 Delmar

20. FILED APR 24 1939 J. F. Burke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1939, to 4-21 1939

I last saw h. alive on 4-21 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
ESSENTIAL HYPERTENSION	1937
Other contributory causes of importance: DIABETES MELLITUS	1936

Name of operation Date of

What test confirmed diagnosis? P.E. & Hist 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) Norman W. Dreyer, M. D.

(Address) Jewish Hosp. of St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles Cooper

Licensed Embalmer No. 38530

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.)