

JUL 12 1939

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

20287
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **1237a** **Euclid** St.
(e) Length of residence in city or town where death occurred **17** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **5131**

2. PRINT FULL NAME

(a) Residence, No. **1237a** **Euclid** St. **12** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late David Mack**

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

7. AGE YEARS **90** MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) **May 5 - 1939** 11. Total time (years) spent in this occupation

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

13. NAME **Israel Schacter** 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia** 7

15. MAIDEN NAME **Gittle** 7

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

17. INFORMANT **Edith Chernitz** (ADDRESS) **6320 Euclid**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **June 7 1939**

19. FUNERAL DIRECTOR **Odenhandler** (ADDRESS) **4469 Washington**

20. FILED **JUN 7 1939** **J. B. Stedek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7 1939**

22. I HEREBY CERTIFY that I attended deceased from **May 25 1939** to **June 7 1939**
I last saw him alive on **June 9 1939**. Death is said to have occurred on the date stated above, at **8 e** m.
The principal cause of death and related causes of importance were as follows:

Bacterial Sclerosis
Cuts by ocarules
Chronic nephritis
Other contributory causes of importance: **Smoking**

Name of operation **None** Date of operation _____
What test confirmed diagnosis? **Physicist** Where an autopsy? _____

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) **G. G. Fitzgerald**, M. D.
(Address) **601 Hampton Bldg.**

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

50M-7920-37 I 1 X12004

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.

John E. Embalmer

Signed.....

Licensed Embalmer No.

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.)