

34171

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 87099009  
Registrar's No. 9009

NOV 13 1939 791

Registration District No. 2003 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis 3

(b) City or town St. Louis

(c) Name of hospital or institution: Jewish Orthodox Old Folks Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 13 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 1438 E Grand  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 13 yrs. years.

3. (a) PRINT FULL NAME Sheba Zorensky 652

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Daniel Zorensky

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (unk)  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

ab. 71 hr. \_\_\_\_\_ min.

9. Birthplace Podolia U.S.S.R.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Morris Krasner

13. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna (unk)

15. Birthplace U.S.S.R.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Kunin

(b) Address 1356 Shawmut

17. (a) burial (b) Date thereof 10/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed ShekEmeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) OCT 12 1939 (b) \_\_\_\_\_  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1939 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan, 1938, to 10/11, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 day  
Chr. myocarditis  
Gen. Endoart. arteriosclerosis ?  
Due to Hypertension ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. S. Goff md (M. D. or other) \_\_\_\_\_

Address 622 University Club Date signed 10/12/39

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.....

*H. I. BERGER*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. I. Berger*

Licensed Embalmer No.....

*1597*

P. O. Address.....

**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.)**

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