

50 DEC 13 1939

791  
1000

Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St Louis mo  
(b) City or town St Louis mo  
(c) Name of hospital or institution: Home 4753<sup>rd</sup> McMillan  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs home  
(Specify whether years, months or days)  
In this community 35

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4753<sup>rd</sup> McMillan  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 35 years.

3. (a) PRINT FULL NAME ETHEL - KANE 560

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife KANE Harry 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased unknown ABT 72  
(Month) (Day) (Year)

8. AGE: Years 67 Months - Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business Home work

12. Name Masha Fine

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Masha ?

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hyman Kane

(b) Address 2006 East Dead

17. (a) Burial (b) Date thereof Nov - 2 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oscar Adler Funeral Home

(b) Address 4469 Washington Blvd

19. (a) NOV 2 1939 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 2nd  
year 1939 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 2nd 1939  
1939, to Nov 2nd, 1939;  
that I last saw her alive on Nov 1st, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration several

Due to \_\_\_\_\_  
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. Signatur Clyde E. Kane (M. D. or other) M. D.  
Address 4627 1/2 Newburg Date signed 11/2/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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**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.....

....., Registered Apprentice No.....,  
working under my personal supervision.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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.**