DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38054

Registration District No. DEC 13 1939 791

Primary Registration District No.

Registrar's No. 9893

1. PLACE OF DEATH: 1003 2

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4567 McMillan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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. 4567 McMillan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 yrs. years.

3. (a) PRINT FULL NAME Rose Herlovine 641

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore

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

7. Birth date of deceased December (Month) Unknown (Day) 1892 (Year)

8. AGE: Years About 47 | Months | Days | If less than one day hr. min.

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

10. Usual occupation At Home 7

11. Industry or business 7

FATHER
12. Name Michael Zimmerman 7
13. Birthplace Warsaw (City, town, or county) Poland (State or foreign country) 7

MOTHER
14. Maiden name Leah Nissembaum
15. Birthplace Warsaw (City, town, or county) Poland (State or foreign country)

16. (a) Informant's own signature Mrs. M. Cantor
(b) Address 4567 McMillan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) NOV 20 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1939 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov. ninth, 1939, to Nov. 20, 1939;
that I last saw her alive on Nov. 19, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Elisabeth McGillis	3 yrs
Due to Carbuncle neck	2 weeks
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dolan Campeau (M. D. or other)
Address 508 N. Grand Blvd. Date signed 11/20/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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.

Signed: C W Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Belmar

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.