

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.

DEC 1 1939

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

38129
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. 1003
 (b) Township..... Primary Registration District No.
 (c) City St. Louis / (d) Street No. St. Anthony 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 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.
 2. PRINT FULL NAME Lena Muchnick
 (a) Residence, No. 4204 Mc Pherson Ave. St. 19 (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 (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Asher Muchnick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>1</u>	<u>1</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. no social security
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
 13. NAME HIRSCHEL Goldman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
 15. MAIDEN NAME Machle (unk)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) David Muchnick 4204 Mc Pherson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth 11/22/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Burger 4715 Mc Pherson
 20. FILE NO. NOV 22 1939 J. F. Budnik Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1939 to Nov 21 1939
 I last saw him alive on Nov 21 1939 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
fracture of Right Hip
 Date of onset 10-27-39

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury 10-27, 1939
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury slipped on floor
 Nature of injury fracture of right hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Frank O. Stange, M. D.
 (Address) 3924 S. Grand Bl. St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

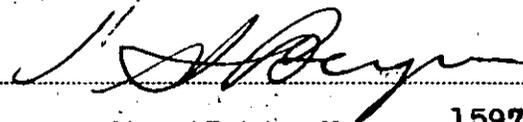
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

me

Registered Apprentice No. **1597**

working under my personal supervision.

Signed.....



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.