

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.

FILED MAY 8 1940

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

Do not use this space.

15998

1. PLACE OF DEATH
 County St. Louis Registration District No. 784 File No. _____
 Township _____ Primary Registration District No. 200 Registered No. 778
 City _____ (No. St. Louis Training School) St. _____ Ward _____

2. FULL NAME SARAH GREENBLATT

(a) Residence, No. 1743 Goodfellow St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no army - no Soc Security

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1922

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>17</u>	<u>7</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Hyman Greenblatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubrowa RUSSIA

15. MAIDEN NAME Rose Kalchinsky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT (ADDRESS) Records of St. Louis Training School Baden Sta., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Closed Valer Smith DATE 4/21 1940

19. UNDERTAKER (ADDRESS) W. S. Berger

20. FILED APR 21 1940 W. S. Berger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1940

22. I HEREBY CERTIFY, That I attended deceased from January 1940 to April 20 1940
 last saw her alive on April 20 1940 Death is said to have occurred on the date stated above, at 6:30 PM.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 4-8-40
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 Other contributory causes of importance:
Congenital Syphilis
Mental Deficiency - Imbecile

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Stanley S. Nemes M.D.
 (Address) St. Louis Training School Baden Sta., St. Louis, Mo.

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