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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40289

FILED JAN 15 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10060

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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: Jewish Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6274 Cates
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME Kooney Mable

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Elijah S. Mable

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

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

8. AGE: Years ab. 82 | Months | Days | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name BEREL KLEBANOFF

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

14. Maiden name RISSIE (unknown)

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

16. (a) Informant Jack Cohen

(b) Address 6274 Cates

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

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

(b) Address 4715 McPherson

19. (a) DEC 8 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1940 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec 1, 1940, to Dec 5, 1940;
that I last saw her alive on Dec 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	5 days
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Albert E. Taussig (M. D. or other) MD

Address 4500 Olive St. Date signed 12/6/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1597

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.