No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

71 71

State File No.

1941 FEB 25 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town ~~St. Louis~~ University City
(If outside city or town limits write "RURAL")
(d) Street No. 914 Eastgate
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 26 Years years.

3. (a) PRINT FULL NAME EVA LASKY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jake Lasky

6. (c) Age of husband or wife if alive 60 years

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

8. AGE: Years Abt. 60 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

FATHER
12. Name Jacob Startubrisky
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Surah
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Jake Lasky
(b) Address 914 Eastgate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5-41 (Month) (Day) (Year)
(c) Place: burial or cremation CHESED SHEL EMETH

18. (a) Signature of funeral director Adam Handler
(b) Address 4469 Washington

19. (a) JAN 5 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/6/40, 19..., to 1/4/41, 19...; that I last saw her alive on 1/4/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 1 wk.

Due to Chr. lymphatic leukemia — 7

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. Signature L. M. Kotner (M. D. or other)
Address Jewish Hosp. Date signed 1/4/41

(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

myself, Registered Apprentice No.

working under my personal supervision.

Signed W. B. Ehrhandler

Licensed Embalmer No. 3669

P. O. Address

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

If this body is not embalmed, above space should be left blank.