

Registration District No. **1791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 12 days
(Specify whether years, months or days)

In this community 20 Years

3. (a) PRINT FULL NAME MOLLIE KANEFIELD

3. (b) If veteran, no **3. (c) Social Security** none
name war No.

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife Late David Kanefield **6. (c) Age of husband or wife if alive** _____ years

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

8. AGE: Years Abt. 64 Months _____ Days _____ If less than one day
hr. _____ min.

9. Birthplace 6. Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

MOTHER FATHER

12. Name Naftoolia Leftnovitch

13. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace 6 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Isaac Kanefield

(b) Address 1210a Walton

17. (a) Burial Burial **(b) Date thereof** 2-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Chesed Shel Emeth

(b) Address 4469 Washington Blvd.

19. (a) FEB 9 1941 **(b) J. H. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limit write "RURAL")

1210a Walton

(d) Street No. 9

(e) If foreign born, how long in U. S. A.? 0 29 Years _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/22/41
_____, 19____, to 2/8/41, 19____;
that I last saw her alive on 2/8/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Duration 5 min.

Due to Primary site unknown

Due to Diabetes mellitus

Other conditions then - arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: arteriosclerotic heart disease

Of operations _____

Of autopsy As above

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 J. M. Kotter **(M. D. or other)** 0

Address Jewish Hosp. **Date signed** 2/8/41

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. Genhandler
Licensed Embalmer No. 3669
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.