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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16896

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4414

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2577
(If outside city or town limits, write "RURAL")
(d) Street No. 1408a Biddle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 years. 0

3. (a) PRINT FULL NAME Lena Resnick
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 married
6. (b) Name of husband or wife Jacob Resnick
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
AB. 70			hr. min.

9. Birthplace Volhynia (City, town, or county) Russia (State or foreign country)
10. Usual occupation at home
11. Industry or business

MOTHER FATHER
12. Name David Derfeld
13. Birthplace (City, town, or county) Russia (State or foreign country)
14. Maiden name Pearl Yoolis
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mr. Jacob Resnick
(b) Address 1408 a Biddle
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) MAY 27 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from 5/11, 1941, to 5/26, 1941; that I last saw her alive on 5/26/41, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days.
Due to Cerebral hemorrhage	15 days.
Due to Hypertensive heart dis. Auricular fibrillation	years.
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 W. S. Franklin (M. D. or other)
Address 634 N. Grand Date signed 5/26/41

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1497

P. O. Address 4715 Mc Pherson

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, fact should be so stated above.