

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32922**

Registrar's No. **7874**

Registration District No. **791**

Primary Registration District No. **1003**

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 **51 yrs**  
In this community **51 yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1477 Shawmut**  
(If rural, give location)  
(e) Citizen of foreign country? **American Citizen**  
If yes, name country

3. (a) PRINT FULL NAME **Fanny Hiken**

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 **Abraham Hiken** 6. (c) Age of husband or wife if alive **(unk)** years  
7. Birth date of deceased **(unk)**  
(Month) (Day) (Year)

8. AGE: Years **ab. 86** Months Days If less than one day hr. min.

9. Birthplace **Chernigow** **U.S.S.R.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Mannie Tanapolsky**  
13. Birthplace **U.S.S.R.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **(unk)**  
15. Birthplace **U.S.S.R.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **L. Hiken**  
(b) Address **5779 McPherson**  
17. (a) **burial** (b) Date thereof **10/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth Berger Memorial**  
18. (a) Signature of funeral director **4715 McPherson**  
(b) Address **Oct 2 1941**  
19. (a) **Oct 2 1941** (b) **J. J. Bredels**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**  
year **1941** hour **2** minute **00 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Left Fracture of Left Tibia Chronic Myocarditis Aortic Stenosis Chronic Unilateral Nephritis Subbed When Deceased Fell on the Sidewalk in front of her Home 1477 Shawmut**

Other conditions (Include pregnancy within 3 months of death)  
**9/12/41**  
Major findings: **Fracture time unknown**  
Of specimen  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **9/12/41**  
(c) Where did injury occur? **at home** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place** (Specify type of place)  
While at work? \_\_\_\_\_ Means of injury **car**  
23. Signature **James J. Zimmerman** (M.D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00  
19  
9

X28390

**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.....

**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, fact should be so stated above.**