

S. No. 2
M-5-42
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41851

State File No.

FILED JAN 15 1943

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 2628

96
96
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6334 S. Rosebury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 48 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 2

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 6334 S Rosebury
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Jennie Brown

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 Samuel Brown

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

7. Birth date of deceased. Dec. 15, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>11</u>	<u>28</u>	<u>hr. min.</u>

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

10. Usual occupation at home

11. Industry or business

12. Name Ely Sigoloff

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

14. Maiden name Ida Feribner

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

16. (a) Informant Lee Brown

(b) Address 5904 Enright

17. (a) burial (b) Date thereof. 12/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Chesed Shek Emeth

18. (a) Signature of funeral director. Berger Memorial
4715 McPherson

(b) Address 4715 McPherson

19. (a) DEC 14 1942 (b) E. G. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1942 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1942, to Dec 13, 1942, that I last saw her alive on Dec 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia rt

Due to Cerebral embolism 5 days

Due to Valvular disease heart 30 years

Other conditions Diabetes Mellitus 10 years
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 01

Of autopsy 01

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 Bealls Truck
(Specify type of place) (e) Means of injury

23. Signature Bealls Truck (M. D. or other)
Address 3720 Washington Date signed Dec 14 1942

2591 T 8 1117

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.