

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41878

State File No.

Registrar's No. 2768

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution:
6234 Page
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 6234 Page Bl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dora Cruvant

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1942 hour 7 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from.....
....., 1942, to Dec 25, 1942;
that I last saw her alive on Dec 23, 1942;
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

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

7. Birth date of deceased April 16 1888
(Month) (Day) (Year)

Immediate cause of death.....
Carcinoma

Due to General Carcinoma
Asites

Due to Malignancy of breast

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

54	8	9 hr. min.
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9. Birthplace Grodno Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

Major findings:
Of operations..... 50

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name David Goldstein

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

14. Maiden name Lena Vashlekovsky

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

16. (a) Informant Ben Cruvant

(b) Address 6234 Page

17. (a) burial (b) Date thereof 12/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director.....

(b) Address 4715 McPherson

19. (a) DEL 28 1942 (b) C. J. McPherson
(Date received local registrar) (Registrar's signature)

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 Ruth M. Mansbach (M. D. or other)
Address 462 N. Taylor Date signed 12/29/42

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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.