

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **653**

FILED FEB 4 1943 1318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **999**

1. PLACE OF DEATH:

(a) County _____
 (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 **5 days**
(Specify whether
 In this community **22 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1346 Shawmut Pl**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Lena Praskofsky**

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

4. Sex **Female** 5. Color or race **White** 6. (e) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Praskofsky** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 1894**
(Month) (Day) (Year)

8. AGE: Years **48** Months **10** Days **-** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **Housework**

12. Name **Abraham Turken**

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

14. Maiden name **Mary Gonchar**

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

16. (a) Informant **Joseph Praskofsky**
 (b) Address **1346 Shawmut Pl.**

17. (a) **Burial** (b) Date thereof **1 31 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chevrah Kadisha**

18. (a) Signature of funeral director **Openhandler**
 (b) Address **4469 Washington Blvd.**

19. (a) **JAN 31 1943** (b) **J. F. Prudech**
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30**
 year **1943** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **about 1938**, 19 **to Jan. 30**, 19**43**, that I last saw **her** alive on **Jan 30**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompenstation (Congestive heart failure) Rheumatic heart disease.**

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 8 months of death) **9 2**

Major findings: Of operations _____
 Of autopsy _____

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 **Julius Plon** (M.D. or other) _____
 Address **4500 Olive** Date signed **1/31/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

W. B. Genharder

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, fact should be so stated above.