

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2531

FILED NOV 20 1943

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Mayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
F305 Southwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Anna Reifler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Israel Reifler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unk Unk Unk
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 69 -- -- .hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Chorlinsky
13. Birthplace _____ Russia
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin Reifler
(b) Address F305 Southwood?

17. (a) Burial (b) Date thereof 11-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massed Shel Meth Cem

18. (a) Signature of funeral director Harman Rudolph (Specify type of plans) _____

(b) Address 5216 Palmer Blvd (c) Means of injury _____

19. (a) NOV 16 1943 (b) E. J. Mc Gavran, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. F305 Southwood Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Nov 12, 1943
that I last saw h. or alive on Nov 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Rupture left ventricle of heart Duration 6 hrs.

Due to Myocardial infarct 1 wk

Due to Coronary Thrombosis 1 wk

Other conditions: Arteriosclerosis 4 yrs.
(Include pregnancy within 3 months of death)

Major findings: gfb
Of operations _____

Of autopsy: Rupture left ventricle of heart. Coronary Thrombosis
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? _____

23. Signature Jamie D. Kelly, M.D. (M. D. or other) MD
Address 3903 Olive St Date signed 11/13/43

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

96
2
3

96
2
3

202

FEB 7 1944

MAR 4 1944

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.....

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.