. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1000

State File No. 40394

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11664

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: Missouri Pacific Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State missouri (b) County 17 000

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1479 Clara
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Esther Rose Portman

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 Max Portman

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

7. Birth date of deceased January 3 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	22	hr. min.

9. Birthplace Minsk (City, town, or county) U.S.S.R. 6 (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

FATHER
12. Name Issac Cherin
13. Birthplace _____ (City, town, or county) U.S.S.R. 6 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace _____ (City, town, or county) U.S.S.R. 6 (State or foreign country)

16. (a) Informant David Portman
(b) Address 5551 Cabanne

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) DEC 2 3 1943 (Date received by registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1943 hour 9 30 minute A M.

21. I hereby certify that I attended the deceased from about March, 1943, to 12/25, 1943 that I last saw per alive on 12/25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 1 wk

Due to _____

Due to _____

Other conditions Hypertension nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
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? _____ (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature R C Freiman (M. D. or other)

Address 6233 Delmar Date signed 12/25/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1697

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.