

S. No. 2
DM-5-43
v. 5-17-39
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23044
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

4927
State File No. 1868
Registrar's No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 35 yrs - 9 months 24 day

3. (a) PRINT FULL NAME Helen Brody
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 single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April 19, 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 27 If less than one day — hr. — min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Book Binder

11. Industry or business Brown Shoe Co

12. Name Jake Brody

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

14. Maiden name Ida Cohen

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

16. (a) Informant Sara Brody

(b) Address 5940 Theodora Ave

17. (a) Burial (b) Date thereof Feb-25-1944
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation Charis Kadoba

18. (a) Signature of funeral director Richard Lee Funeral Home
(b) Address 4469 Washington Blvd
19. (a) FEB 25 1944 (Date received local registrar)
J. F. Brodeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 000 176
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5940 Theodora (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 23rd
year 1944 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23rd
....., 19 44 to Feb. 24th, 19 44
that I last saw h. or alive on Feb. 24th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Carcinoma of breast.
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
Of operations.....
Of autopsy None

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 J. P. Campbell (Date signed) 2/24/44
Address 1515 Lafayette

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

MOTHER FATHER

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

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

H. J. Olenharder

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.