

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4432
Registrar's No. 1191

FILED FEB 16 1945
318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(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 _____ (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")
(d) Street No. 1362 Belt ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Katz
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 5
year 1945 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from
December 28, 1944 to Feb. 5, 1945
that I last saw her alive on 2-5
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. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 10, 1880
(Month) (Day) (Year)

Immediate cause of death _____ Duration 1 day
Crown Thrombosis
Due to Hypertensive Heart Disease 20 yrs.
Generalized arteriosclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) 92

8. AGE: Years Months Days If less than one day
64 2 25 _____ hr. _____ min.

Major findings: _____
* Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Kolk Volhynia Poland 4
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Menachem Mendel Fineglass
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Eva Ida (unk)
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Katz
(b) Address 7520 S. Broadway
17. (a) burial (b) Date thereof 2/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

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? _____

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.
FEB 6 1945
19. (a) _____ (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature J. J. Predeck (M. D. or other)
Address 3720 W. Ashby St. Date signed 2/5/45

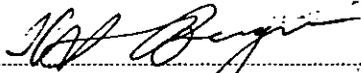
(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No. 10712

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.