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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7129

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 472

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 3 mos. (Specify whether
In this community 32 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. 721 Eastgate
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marry Heligman
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 Married
6. (b) Name of husband or wife Louis Heligman
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Abt Years 85 Months Days If less than one day hr. 1 min.

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOUSEWORK
FATHER
12. Name MAX LUBIN
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)
MOTHER
14. Maiden name FRIEDA
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant Max Heligman
(b) Address 721 Eastgate
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel EMETH
18. (a) Signature of funeral director Odenhandler
(b) Address 4469 Washington
19. (a) FEB 19 1945 (Date received local registrar) (b) E. G. McGovern MO. (Registrar's signature) BMW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1945 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from November 13, 1941, to Febr. 15, 1945
that I last saw her alive on Febr. 15, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic Heart disease	since years
Due to	
Due to	
Other conditions (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 Selig Simon (M. D. or other)
Address JEWISH SANATORIUM Date signed Febr. 15 1945

(Licensed Embalmer's Statement on Reverse Side)

ROBERTSON, MO.

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.....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.