. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21254

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1191

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: 1 yr. 5 mo. 2 days (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No.: 4729a Newberry (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Dora Hershofsky, also known as Chave Hershofsky or Hirsch
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: widow
6. (b) Name of husband or wife: Ben Hershofsky
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years: about 78 | Months | Days | If less than one day: hr. min.
9. Birthplace: (City, town, or county) U.S.S.R. (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: Simon Selig Cohen
13. Birthplace: (City, town, or county) U.S.S.R. (State or foreign country)
MOTHER
14. Maiden name: Sarah (unk)
15. Birthplace: (City, town, or county) U.S.S.R. (State or foreign country)
16. (a) Informant: Mrs. Rose Hirsch
(b) Address: 5172 Cates ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/22/45 (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) MAY 28 1945 (Date received local registrar) (b) E. G. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1945 hour 03 minute 55 A.M.
21. I hereby certify that I attended the deceased from 12-19-43, 19..., to 5-22-, 1945 that I last saw her alive on 5-22-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Esophagus	1½ years
Due to 46a	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus	

Major findings:
Of operations: none
Of autopsy: none

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 Hirsch (M. D. or other)
Address: JEWISH SANATORIUM Date signed: 5/22/45

(Licensed Embalmer's Statement on Reverse Side) P. O. 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. 1597

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.