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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3928

FILED JAN 25 1946  
Registration District No. 317

Primary Registration District No. 2003

State File No. \_\_\_\_\_  
Registrar's No. 172

2027  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7452 Tulane Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7452 Tulane Avenue 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SEMA BOXER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18  
year 1946 hour 8 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from  
6/23 1941 to 1/15 1946  
that I last saw h. er alive on Jan. 3 1946  
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 Widow 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Cerebral Hemorrhage  
Due to Hypertension  
Due to 830-1  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
About 74 hr. min.  
9. Birthplace Russia  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation At home  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

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 Edward Feldman (M. D. or other) MD  
Address 634 IVth Street Date signed 1/18/46

16. (a) Informant William Boxer  
(b) Address 7452 Tulane Avenue  
17. (a) Burial (b) Date thereof 1-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chevrah Kadisha Cem.  
18. (a) Signature of funeral director A. Binickoff  
(b) Address 5216 Delmar Blvd.  
19. (a) 1-21-46 (b) E. J. Carran  
(Date received local registrar) (Registrar's signature)

JAN 29 1946

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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 E Burgess*

Licensed Embalmer No.....

*4029*

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.