

S. No. 2
OM-5-43
v. 5-17-39
X36671

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

32804

State File No. _____
Registrar's No. 1188

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: Missouri Methodist Hosp.
(d) Length of stay: 14 days
In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 2116 South 6th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs Dora Meshevsky
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14
year 1946 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 31 1946 to October 14 1946
that I last saw her alive on October 14 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 Married
6. (b) Name of husband or wife Hyman Meshvsky
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased ? 1880

Immediate cause of death Acute coronary occlusion
Due to heart disease, arteriosclerotic
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations: 93D
Of autopsy: _____

8. AGE: Years 66 Months ? Days ? If less than one day hr. min.

9. Birthplace Russia

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. Sembler

13. Birthplace Russia

14. Maiden name Esther Not known

15. Birthplace Russia

16. (a) Informant Bennie Sembler

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 10-16-46

(c) Place: burial or cremation Shaare Sholem Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Oct. 25, 1946 (b) [Signature]

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) _____
Address 706 Monroe, St. Joseph, Mo. Date signed 10-16-46

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

MOTHER FATHER

NOV 1 1946

OCT 29 1946
9 561 T 3 130

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 N/A
working under my personal supervision.

Signed Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.