

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19035**  
Registrar's No. **5595**

FILED JUN 14 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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 **12 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ **20 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **ANNA KLIBANSKY**  
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 **married**  
6. (b) Name of husband or wife **Samuel H. Klibansky** 6. (c) Age of husband or wife if alive **(unk)** years  
7. Birth date of decedent **May (Unknown) 18 - 1986**  
(Month) (Day) (Year)

8. AGE: **6** Years Months **0** Days **17** If less than one day hr. min.

9. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**  
Industry or business \_\_\_\_\_

11. Name **Jacob Simon Shpindler**  
12. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

13. Surname **Malke (unk)**  
14. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

15. Informant **Meyer Ansky**  
(b) Address **775 Harvard**

17. (a) **burial** (b) Date thereof **6/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**  
(b) Address **4715 McPherson**

19. (a) **JUN 6** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1321 Goodfellow**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5th**  
year **1947** hour **1** minute **55 p.m.**

21. I hereby certify that I attended the deceased from **May 22, 1947**  
to **June 5, 1947**  
that I last saw her alive on **June 5, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis 5 yrs.**  
**Chronic Myocarditis 15 yrs.**  
**General atherosclerosis**

Due to **Hypertension**  
Due to **Diabetes Mellitus**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **6/1**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **D**

23. Signature **M. J. Goldenson** (M. D. or other) \_\_\_\_\_  
Address **508 N. Grand** Date signed **5-6-47**

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

FAVOR MONTHLY PAYMENT  
Call this office  
5/19/47  
5/24/47  
5/28/47

*Emb separate cert filed*

**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.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
City of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5595

On this 10th day of June, 1947, before me appears Rabbi Samuel H. Klibansky, who, upon his oath, states that the original record of ~~birth~~ death for Anna Klibansky <sup>died</sup> ~~born~~ June 5th, 1947 in the State of Missouri, and which was filed at St. Louis on 6/6/47 1947, should be corrected as follows:

Item No. 7 should read May 18, 1886

Instead of (Unknown)

Item No. 8 should read 61 yr 0 mos 17 days

Instead of about 66

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rabbi S. H. Klibansky  
Relationship Husband

1321 Goodfellow Blvd  
Present Address.

Subscribed and sworn to before me this 10th day of June, 1947

My Commission expires June 8, 1951 Paul S. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19035