No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19137

FILED JUN 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5518

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

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 Old Folks Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ado

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1438 E Grand (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EVA. MARKOWITZ

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 Widowed

6. (b) Name of husband or wife Late David

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER

12. Name Zev Wolf Ikar

13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER

14. Maiden name Chai Tzirel

15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Morris Markowitz

(b) Address 5729 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Chenhandler

(b) Address 5010 Enright

19. (a) JUN 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 . e year 1947 hour 11,45 minute a.m. M.

21. I hereby certify that I attended the deceased from May 25 1947 to June 2 1947 that I last saw her alive on June 2 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Embolus cardiac

Due to Arteriosclerosis Chron. Myocardiol

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Emmy Ross M.D. (M. D. or other)

Address 1918 Gr. Grand Date signed 6/2

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Emmy Ross

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. B. Chenhandler

Licensed Embalmer No. 2669

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.