No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29696

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2204

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 18 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 7223 Delano
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELKA YANOWITZ
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 SCHMUL YANOWITZ 6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 86-63 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 HOUSE WORK
MOTHER FATHER
12. Name YANKEL OSTERSCHINSKY
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)
14. Maiden name BOSHA
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant Sol Simpkins
(b) Address 7223 Delano
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Kadisha
18. (a) Signature of funeral director Oehlmann
(b) Address 5046 Easright
19. (a) AUG 31 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31 year 1947 hour 2 minute 30a M.
21. I hereby certify that I attended the deceased from July 1946 to August 1947 that I last saw her alive on August 30 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Infarct	4 days
Due to: Coronary Sclerosis	
Due to: Arterio Sclerosis	7 yrs
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 Elmer Rulman (M. D. or other)
Address Missouri Bldg Date signed 8/31/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 W. Z. Reinhandler

Licensed Embalmer No. 3669

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.