No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36155

FILED NOV 3 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9759

1. PLACE OF DEATH:
(a) County: ~~St. Louis~~
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5336a Wells (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: StLouis
(c) City or town: StLouis (If outside city or town limits, write "RURAL")
(d) Street No. 5336a Wells (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dora Podlipsky aka Dobe Podelepsky
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Borech Podlipsky
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Ab. (Month) (Day) 1867 (Year)

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

9. Birthplace: Russia (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
12. Name: Daniel Franklin
13. Birthplace: Russia (City, town, or county) (State or foreign country)
14. Maiden name: Riva (unk.)
15. Birthplace: Russia (City, town, or county) (State or foreign country)
16. (a) Informant: William Koslow
(b) Address: 5678 Page
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesel Shel Emeth
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson
19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1947 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 1935 to October 20, 1947 that I last saw her alive on October 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2
Due to: Arteriosclerosis, Generalized	1
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: Joe M. Orenstein (M. D. or other)
Address: 440 N. Taylor Ave Date signed: 10/22/47

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.....

Licensed. Embalmer No.....4229

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 } ss.
City / County of St. Louis

State File No.
Local Registrar's No. 9759

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of October, 1947, before me appears Morris Lipsky aka Podlipsky, who, upon his oath, states that the original record of ~~birth~~ death for Dora Podlipsky died ~~born~~ October 20, 1947, in the State of Missouri, and which was filed at St. Louis on 10/22, 1947, should be corrected as follows:

Item No. 3 should read Dora Podlipsky aka Dobe Podelepsky
Instead of Dora Podlipsky

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

Item No. should read
Instead of

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

(SEAL)

Affiant Morris Lipsky AKA Podlipsky Son
Relationship.

5336a Wells
Present Address.

Subscribed and sworn to before me this 21st day of October, 1947.

My Commission expires June 5, 1951 Notary Public.

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

Form V. S. 135
10M-5-43
X36929

S-36155