FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

21073

State File No.

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5750

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 Park Lane Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4561 Laclede 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 19
If yes, name country

3. (a) PRINT FULL NAME Mary Laventhal
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 Married
6. (b) Name of husband or wife Alexander Laventhal
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. (Month) 16 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Ukraine (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER
12. Name Peter ABRAMSKY
13. Birthplace Ukraine (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Ukraine (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alexander Laventhal
(b) Address 4561 Laclede
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) JUN 27 1948 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th, year 1948, hour 12: minute 05 A.M.

21. I hereby certify that I attended the deceased from October 2nd, 1947 to June 26th, 1948, that I last saw her alive on June 25th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 wks.
Due to: Hypertension	2 yrs.
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 John Rindskopf (M.D.)
Address 508 N. Grand Blvd. Date signed 6/26/48

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.