

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9769

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *Joseph Hospital*)

File No.....
Registered No. **2325**
St. _____ Ward _____

2. FULL NAME *Anna Hollander*

(a) Residence No. *5807² Cote Brillant 11* Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Max Hollander*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 7 - 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 *8* *-* *-*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

10. NAME OF FATHER *Daniel Sengorsky*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

12. MAIDEN NAME OF MOTHER *Sophia Krasnopsky*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

14. INFORMANT *Max Hollander*
(Address) *5807² Cote Brillant*

15. FILED *May 6 Starckoff*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 7 1927*

17. I HEREBY CERTIFY That I attended deceased from _____, 19*27*, to *March 7*, 19*27* that I last saw her alive on *March 7*, 19*27* and that death occurred, on the date stated above, at *12:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism
Puerperal (duration) yrs. mos. *1* ds.
CONTRIBUTORY *Toxemia of Pregnancy* (SECONDARY) (duration) yrs. mos. *3* ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS: (Signed) *Frederic J. Tansley*, M. D.

(Address) *357 N. Washington*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL CREMATION, OR REMOVAL *Chesed Shel Emeth Cem.* DATE OF BURIAL *March 8 1927*

20. UNDERTAKER *H. Rindskopf*
ADDRESS *5126 Delmar*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

