

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

39431
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **781**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **40** yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **6615 Clemens** St. **KA** **U. City Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hyman Cohen		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1884		
7. AGE 22	YEARS 53	MONTHS 7
	DAYS 14	IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kiev U.S.S.R.		
13. NAME Benjamin Livovsky		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.		
15. MAIDEN NAME Jeanette Charna		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.		
17. INFORMANT (ADDRESS) Wm Hoffman 6320 Cates		
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 11 - 9 - 1937		
19. FUNERAL DIRECTOR (ADDRESS) H. B. Berger - L&U Co. 4715 McPherson		
20. FILE NO. NOV 9 1937 J. J. Bredecke Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 9, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 30, 1937 to Nov 9, 1937**
 I last saw her alive on **Nov 8, 1937**. Death is said to have occurred on the date stated above, at **3 A. m.**
 The principal cause of death and related causes of importance were as follows:
apoplexy (Right hemiplegia) Diabetes mellitus Cerebral arteriosclerosis chr. myocardial
 Other contributory causes of importance: **59**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **James E. Gosh**, M. D.
 (Address) **508 N. Grand St**

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.

OCCUPATION: **22**
 FATHER: **22**
 MOTHER: **22**

