

REC'D OCT 12 1938

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

30739
 Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. Jewish Hosp. Registration District No. 791
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Primary Registration District No. 1003 Registered No. 8176 St.

2. PRINT FULL NAME

(a) Residence, No. 620 St. Anna Illinois
 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham L. Cherrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 3 25

OCCUPATION
 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) Latvia

FATHER
 13. NAME Isaac Magidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latvia

MOTHER
 15. MAIDEN NAME Mushe Edelstein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latvia

17. INFORMANT A.L. Cherrick
 (ADDRESS) Anna Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE 9/16, 1938

19. FUNERAL DIRECTOR (NAME) H.B. Berger
 (ADDRESS) 4715 McPherson

20. FILED SEP 16 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938 to 9-15, 1938

I last saw her alive on 9-15, 1938. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Ovaries
not metastasized
pelvis

Date of onset

Other contributory causes of importance:
none

Name of operation none Date of no

What test confirmed diagnosis? clinical 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 Dr. Dorstad, M. D.

(Signed) J. Bredeck (Address) 3720 Worby Ln

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,

H.I. Berger

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....



Licensed Embalmer No. **1597**

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, above space should be left blank.