REC'D DEC 12 1938

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

38021
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10348

1. PLACE OF DEATH
(a) County
(b) Township
(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 6 yrs. 3 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Brodkin
(a) Residence, No. 1516 Clara St. 6
(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 Joseph Brodkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)

7. AGE: Years ab. 68 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

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) Kiev (STATE OR COUNTRY) U.S.S.R.

FATHER
13. NAME Sam Cherney
14. BIRTHPLACE (CITY OR TOWN) Kiev (STATE OR COUNTRY) U.S.S.R.

MOTHER
15. MAIDEN NAME Ruth (unk)
16. BIRTHPLACE (CITY OR TOWN) Kiev (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Aaron Brodkin (ADDRESS) 2600 Burd

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 11/30 38

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

20. FILED NOV 30 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1938, to 11-29, 1938
I last saw h. alive on 11-29-38, 19.... Death is said to have occurred on the date stated above, at 6 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. sclerotic Ht. Disease	20 yrs.
Coronary Occlusion	11-16-38

59

Other contributory causes of importance:

Hypertension	?
Diabetes Mellitus	?

Name of operation ..... Date of .....
What test confirmed diagnosis? EKG 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) Norman W. Drey, M. D.
(Address) Jewish Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, H.I.Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

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.)