

REC'D MAY 10 1939

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

13160  
Do not use this space.

791  
1008

Registered No. 3502

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth 36 yrs. mos. ds.

2. PRINT FULL NAME Rose Hollander

(a) Residence, No. 1454a Belt 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Hollander  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. ab 63

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

13. NAME Abraham Kessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

15. MAIDEN NAME Miriam (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Max Hollander (ADDRESS) 5576 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 4/16 19. 39

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

20. FILED APR 16 1939 J. F. Brudek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1939, to 4-15 1939.

I last saw her alive on 4-15 1939. Death is said to have occurred on the date stated above, at 6:25 p.m.  
The principal cause of death and related causes of importance were as follows:

① Arteriosclerosis, general, cerebral & Cardiac 1924  
② Cerebral Thromboses 1934  
Date of onset 8-26

Other contributory causes of importance:  
Broncho pneumonia 4-13-39  
Pneumonia, left lobe 4-13-39

Name of operation ..... Date of .....  
What test confirmed diagnosis? Mit. & Esac 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. Deery M. D.  
(Address) Jewish Hosp. 1st 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.

**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.....

Licensed Embalmer No.....

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.**