

25 1939 PARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 AUG 1 1939
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 State File No. 26889
 Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1332

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University
 (c) Name of hospital or institution: Home
 (d) Length of stay: In hospital or institution 5 yrs.
 In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University
 (d) Street No. 718 Leland Ave
 (e) If foreign born, how long in U. S. A. 45 years

3. (a) PRINT FULL NAME FANNIE GIDANSKY 356
 (b) If veteran, name war - (c) Social Security No. -
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife late Sam Sidansky 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased October 20 1848 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	9	4	- hr. - min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business -

MOTHER
 12. Name Evel Stotni Groch
 13. Birthplace Russia
FATHER
 14. Maiden name Toba
 15. Birthplace Russia

16. (a) Informant's own signature Mrs. Ida Rothman
 (b) Address 718 Leland Ave
 17. (a) Rural (b) Date thereof July 25 1939
 (c) Place: burial or cremation Chesed Shel Emeth
 18. (a) Signature of funeral director Oberlander Funeral Home
 (b) Address 4467 Washington Blvd.
 19. (a) JUL 25 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 24 year 1939 hour 7 minute 45 P.M.
 21. I hereby certify that I attended the deceased from July 1938 to July 1939
 that I last saw her alive on July 24 and that death occurred on the date and hour stated above.
 Immediate cause of death Sensitivity
 Due to arterio-sclerotic heart disease
 Other conditions 9582
 Major findings: Of operations -
 Of autopsy -

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) -
 (b) Date of occurrence -
 (c) Where did injury occur? (City or town) (County) (State) -
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? -

23. Signature David Rothman (M. D. or other) MD
 Address 462 N. Taylor Date signed 7/24/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.