

REC'D SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791  
Township 1 Primary Registration District No. 1003  
City St. Louis (No. 5537 Pershing)

File No. 27512  
Registered No. 7012  
Ward

2. FULL NAME Rebecca Chelist

(a) Residence, No. 5537 Pershing St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 04 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Chelist</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1880</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Odessa</u> (STATE OR COUNTRY) <u>U.S.S.R</u>				
FATHER	13. NAME <u>Solomon Seltzer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.S.R</u>			
MOTHER	15. MAIDEN NAME <u>Ida Rachel Wax</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.S.R</u>			
17. INFORMANT <u>Joseph Chelist</u> (ADDRESS) <u>5537 Pershing</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Emeth</u> DATE <u>8/13/39</u>				
19. UNDERTAKER <u>H. B. Berger</u> (ADDRESS) <u>4715 McPherson</u>				
20. FILED <u>AUG 12 1939</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1939, to 8/11, 1939  
I last saw her alive on 8/11, 1939. Death is said to have occurred on the date stated above, at 4:31 p.m.  
The principal cause of death and related causes of importance were as follows:  
(1) Carcinoma of left breast with metastases  
(2) Cachexia  
Date of onset 50

Other contributory causes of importance:  
(1) Acute respiratory failure with pulmonary edema  
Failure of heart (artery)  
by Dr. J. J. ...

Name of operation Autopsy Date of Aug 19, 1936  
What test confirmed diagnosis? Carcinoma 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) Hell Tester M.D.  
(Address) 1122 No. Theatrical Bldg

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.

FORM 10-22-38 1-20314

Body named on reverse side embalmed by me, Herbert I. Berger

A handwritten signature in cursive script, appearing to read "H. I. Berger".

Licensed Embalmer No. 1597