

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.

3510 OCT 14 1939 791
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital 1
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis [6]
(d) Street No. 1345 1/2 Temple
(e) If foreign born, how long in U. S. A.? 27 years

3. (a) PRINT FULL NAME SYLVIA KAMENETZKY 45133
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16
year 39 hour 12 minute 55 A. M.
21. I hereby certify that I attended the deceased from Aug 15
1939 to Sept 16, 1939
that I last saw her alive on Sept 16, 1939
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Thrombosis Duration 5 days

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Lates 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 15 1870
(Month) (Day) (Year)

Due to Cerebral Arterio Sclerosis
Due to Generalized Arterio Sclerosis

8. AGE: Years 69 Months _____ Days 1 If less than one day hr. _____ min _____

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Russia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Yitzchak Calman Kamenetzky

13. Birthplace Russia (City, town, or county) (State or foreign country)

14. Maiden name Higtha Ruzmitzky

15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Isadore Kamenetzky
(b) Address 1345 1/2 Temple

17. (a) Burial (b) Date thereof Sept. 17 1939
(c) Place: burial or cremation Chapel Erect

18. (a) Signature of funeral director Edmund
(b) Address 4469 Washington

19. (a) 3510 14 1022 (b) J. [Signature]
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (Means of injury)
23. Signature Louis J. [Signature] (M. D. or other)
Address 3720 Washington Date signed 9/16/39

PHYSICIAN
Underline the cause to which death should be charged statistically

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.....

Myself
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....
W. R. Benkard

..... Licensed Embalmer No. *3669*

..... P. O. Address *4409 Washington*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30935
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Registered No. 7998
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sylvia Kamenetzky
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1939

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/31/39 19... J. F. Butch Local Registrar

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify (Signed) Louis L. Grayson, M. D.
 (Address) 3720 Washington

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SUPPLEMENTARY

S-30935