

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days) 16 years

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1389 1/2 Temple
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 16 yrs. years.

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days -
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Benjamin Skatoff
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Feta Brownstone
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Cutter

(b) Address 1140 Union

17. (a) Burial (b) Date thereof Jan 21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Radsha

18. (a) Signature of funeral director O. J. Handler

(b) Address 4469 Washington Blvd

19. (a) JAN 19 1940 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1940 hour 7 minute 37 A.M.
21. I hereby certify that I attended the deceased from May 30, 1939, to Jan 19, 1940,
that I last saw him alive on Jan 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death General Coroner's
Primary site left open
Due to General Coroner's
General Coroner's
Due to General Coroner's
Other conditions 49
(Include pregnancy within 3 months of death)

Major findings Cocaine 2 lines
Of operations ulcers, tubes ovaries, heart
Of autopsy none

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)
(a) Means of injury _____
23. Signature Harry Sauer (M. D. or other) _____
Address Hub. 12th Date signed 1-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 W. B. Benhandler

Licensed Embalmer No. 3669

P. O. Address 4469 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.