

17
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 JAN 19 1940
 Registration District No. 984
 Primary Registration District No. 200
 State File No. 3825
 Registrar's No. 116
 1 X1931
 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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 3825
 Registrar's No. 116

1. PLACE OF DEATH:
 (a) County St. Louis Rehabilitation
 (b) City or town Rural, St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Sanatorium of St. Louis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years 9m. 5d.
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME CLARA NEHAMEN
 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 MARRIED
 6. (b) Name of husband or wife Israel
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days _____ If less than one day
 hr. _____ min. _____

9. Birthplace Hungary
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Housework
 12. Name Eddie Kapitzki
 13. Birthplace St. Louis
 (City, town, or county) (State or foreign country)
 14. Maiden name Chana Ts pa Yelder
 15. Birthplace Hungary
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Israel Nehamen
 (b) Address 1428 Clara
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18-40
 (Month) (Day) (Year)
 (c) Place: burial or cremation Chourak Kadisha
 18. (a) Signature of funeral director Benhamille
 (b) Address 4469 W. Washington
 19. (a) JAN 17 1940 (Date received local registrar) (b) S. R. Mudd (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1428 Clara Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 17,
 year 1940 hour 7³⁰ AM minute _____ M.
 21. I hereby certify that I attended the deceased from April
12th, 1937, to Jan. 17, 1940
 that I last saw her alive on Jan 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral softening</u>	
Due to <u>arteriosclerosis</u> <u>arteriosclerotic heart dis.</u>	
Due to _____	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>95 h 2</u>	PHYSICIAN
Of autopsy _____	Underline the cause to which death should be charged statistically

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?
no
 (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature Aleg Simov (M. D. or other) 1
 Address JEWISH SANATORIUM Date signed _____

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. Henkade
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.