. S. No. 2
i—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 16750

Registration District No. 791 Primary Registration District No.

Registrar's No. 4228

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5645 Cote Brilliante
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 yrs years.

3. (a) PRINT FULL NAME Sarah Greenfield 651

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Benjamin Greenfield

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years ab. 59 Months Days If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Louis Zatlin
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Rose Heskel
15. Birthplace (City, town, or county) Rissia (State or foreign country)

16. (a) Informant Wm Greenfield
(b) Address 6625 San Bonita

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) MAY 12 1940 (Date received local registrar) (b) J. B. Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 10 year 1940 hour 8 11 minute 30 P M.

21. I hereby certify that I attended the deceased from March 5, 1940 to May 10, 1940 that I last saw her alive on May 10, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchopneumonia | 7 days |
| Due to paralysis agitans | 10 yrs. |
| Due to fracture right hip and slight radius due to fall from bed in own home | 2 mo |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Joseph Magidson (M. D. or other) MD
Address 520 Westgate Date signed 5/11/40

(Licensed Embalmer's Statement on Reverse Side)

**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 Not Embalmed

Licensed Embalmer No. ~~1547~~

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.**