

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4493

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:
2829a Gamble 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs
years, months or days

3. (a) PRINT FULL NAME Anna Covitz 132

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 married

6. (b) Name of husband or wife Abraham Covitz 6. (c) Age of husband or wife if alive (unk) years

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

8. AGE: Years Months Days If less than one day
ab. 46 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Isaac Margolies

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

14. Maiden name unknown

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

16. (a) Informant Abe Covitz

(b) Address 2829a Gamble

17. (a) burial (b) Date thereof 5/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) MAY 21 1940 (Date received by registrar)
J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2829a Gamble
(If rural, give location)
(e) If foreign born, how long in U. S. A? 28 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1940 hour 1 minute 350 M.

21. I hereby certify that I attended the deceased from May 16
1940, to May 20, 1940
that I last saw her alive on May 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema no Pneumonia
non-tubercular
Proximal Asthma

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

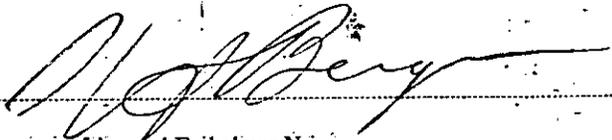
While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature J. Pashina (M. D. or other)
Address 4500 Olive Date signed 5/20 40

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

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..... 

Licensed Embalmer No.....

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.