No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21211

FILED JUL 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 3

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

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1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 723 S.10th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Mo. (b) County Buchanan 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 723 S.10th. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RACHEL BRAHINSKY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 1 female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Hymie Brahinsky

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

7. Birth date of deceased Unknown (Month) ? (Day) ? (Year)

8. AGE: Years Est. 90 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Altinovaka (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hershel (unknown)
13. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Miss Ann Brahinsky

(b) Address 723 S.10th.St. Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6--29--41 (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Yaakov Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC,

(b) Address St. Joseph,Mo.

19. (a) 6/29/41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day ~~28~~ 29th.
year 1941 hour 2 minute 00 a.M.

21. I hereby certify that I attended the deceased from 6-22, 1941, to 6-29, 1941;
that I last saw her alive on June 28, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Bronchopneumonia (Chronic Myocarditis)	1 day
Due to: Senility - Arteriosclerosis	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

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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?
(Specify type of place)

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(e) While at work? (f) Means of injury

23. Signature Irwin J. Rosenfeld M.D. (M. D. or other) MDD

Address Kirkpatrick Bldg Date signed 6/29/41

ST. JOSEPH

(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.

Not Embalmed.

Signed Carl W. Hauck

Licensed Embalmer No. 3955

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.