

FILED OCT 1 - 1942 18

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2762

1003

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

1. PLACE OF DEATH:  
(a) County... **St. Louis**  
(b) City or town... **St. Louis**  
(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.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... **Missouri** (b) County... **6 000**  
(c) City or town... **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No... **5649 Wells Ave.** (If rural, give location) **7**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Sylvia Dobkin**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **17**  
year **1942** hour **9** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **10-15-** 19**40**, to **Sept. 17** 19**42**  
that I last saw her alive on **Sept.** 19.....  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
7. Birth date of deceased: **July 8 1913**  
(Month) (Day) (Year)

Immediate cause of death: **Papillary Adeno Carcinoma of ovary**  
Due to **ovarian growth**  
Due to **H&N**  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: **Inoperable Carcinoma of ovaries**

8. AGE: Years **29** Months **2** Days **9** If less than one day hr. min.  
9. Birthplace: **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation **at home**  
11. Industry or business.....  
12. Name **Harry Bushman**  
13. Birthplace **Russia**  
(State or foreign country)

14. Maiden name **Goldie Blocker**  
15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant **Rubin Dobkin**  
(b) Address **5649 Wells Ave.**  
17. (a) **Burial** (b) Date thereof **9-20-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Chesed Shel Emeth**  
18. (a) Signature of funeral director **Herman Rindskopf**  
(b) Address **5216 Delmar Blvd.**  
19. (a) **SEP 18 1942** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

23. Signature **Atts H. Felway** (M. D. or other) **MD**  
Address **440 N. Newland St.** Date signed **9-17-42**

**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

*Chas. G. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *5216 Selmar*

**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, fact should be so stated above.**