FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32265

1. PLACE OF DEATH

County ..... Registration District No. 318 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 89

City ST LOUIS (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Baby Girl Muchnick 12

(a) Residence, No. 216 S. Kingshighway St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF New born.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1942

7. AGE YEARS MONTHS DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New born.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS 0

FATHER
13. NAME Harry Leon Muchnick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 0

MOTHER
15. MAIDEN NAME Regena Hellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City 1

17. INFORMANT (ADDRESS) Harry Muchnick

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Chesed Shel Emeth DATE 10-27 1942

19. UNDERTAKER (ADDRESS) Oren Handler 4409 Washington

20. FILED OCT 27 1942 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from 10-10-, 1942, to 10-25-42, 19..
I last saw him alive on 10-25-, 1942. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Atelectasis — Date of onset 10/24/42

Other contributory causes of importance: Prematurity.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 4500 Olive St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

100M-3-28-35

not Embalmed
W-J Oberhandler
3669