

FILED DEC 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10294**

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:
Stone Nursing Home #4373 W. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
30 yrs (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 5757 Westminster
(If rural, give location)

Registered Alien#.....
(c) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT NAME Dora Chodorovsky (also known as Dora Price)

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..... Harry Chodorovsky

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

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

8. AGE: Years 66 Months..... Days..... If less than one day
ab71 hr. min.

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

10. Usual occupation..... at home

11. Industry or business.....

12. Name..... Joseph Pavelotsky

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..... Albert Price

(b) Address..... 5757 Westminster

17. (a) burial (b) Date thereof..... 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Beth Ham Hag

18. (a) Signature of funeral director..... Berger Memorial

(b) Address..... 4715 McPherson

19. (a) (Date received local registrar)..... DEC 16 1942

(b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 6 1942 to Dec 7 1942
that I last saw her alive on Dec 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Thrombosis

Due to..... Hypertension

Due to..... Atherosclerosis

Other conditions..... gyn
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 3 day

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) (a) Means of injury.....

23. Signature..... S. D. Lewis (M. D. or other)
Address 4487 Westminster Date signed Dec 9 1942

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

MOTHER FATHER

copy by [unclear] 12/10/42

8475

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. *1597*

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, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10291

On this 23rd day of December, 1942, before me appears Lawrence Deemer, who, upon his oath, states that the original record of birth death for Dora Chodorovsky also known ^{died} ~~born~~ Dec. 9th, 1942 in the State of Missouri, and which was filed at St. Louis, Mo. on Dec. 10, 1942 should be corrected as follows:

Item No. 8 should read about 66 yrs.

Instead of about 71

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Lawrence Deemer
Affiant
Ing. George Memorial
Relationship
4715th - Person
Present Address.

Subscribed and sworn to before me this 23 day of December, 1942

My Commission Expires March 4, 1943

My Commission expires Notary Public. Gene C. Fuldner

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

