. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

734

FILED JAN 19 1943 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 229

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: JEWISH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) anna Schlomske

3. (a) PRINT FULL NAME HANNA SLUMPSKY or

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late SAM SCHLOMSKE

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

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

8. AGE:	Years	Months	Days	If less than one day
Abt.	74			hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

FATHER
12. Name RUBEN
13. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)

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

16. (a) Informant Mrs. L. Tashman
(b) Address 5623 Wells

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Ounhandler
(b) Address 4169 WASHINGTON

19. (a) JAN 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17 96

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 5623 WELLS (If rural, give location)

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

If yes, name country O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 7 1943, 19 , to Jan 8, 1943
that I last saw her alive on Jan 8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Due to Cachexia	years
Due to Gen Arteriosclerosis	"
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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)

While at work? (e) Means of injury

23. Signature W Rindskopf O (M. D. or other) MD

Address Jewish Hospital Date signed 1/8/43

(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.

Signed W. B. Panhandler

Licensed Embalmer No. 3669

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.