

36273

No. 2  
1-2-43  
5-17-39  
1 X35697DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 9 1943

10406

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

## 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  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 40yrs 0  
years, months or days)

3. (a) PRINT FULL NAME Lena Davidson3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Benjamin Davidson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased (unknown)  
(Month) (Day) (Year)8. AGE:  Years  Months  Days  If less than one day  
ab. 53 hr. \_\_\_\_\_ min.9. Birthplace Russia  
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Siegel  
 { 13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Pearl (unk)  
 { 15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Davidson  
(b) Address 5762 Terry17. (a) burial (b) Date thereof 11/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shel Emeth18. (a) Signature of funeral director Berger Memorial(b) Address 4715 McPherson19. (a) NOV 28 1943 (b) J. L. Brebeck  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 69  
 (d) Street No. 5762 Terry  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1943 hour 4<sup>00</sup> minute A. M.21. I hereby certify that I attended the deceased from Nov. 1st, 1943, to Nov. 23, 1943;  
that I last saw h. EX alive on Nov. 23, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute pulmonary  
edema of  
Anemia  
etiology?  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration

2 hrs.  
8 yrs.Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) (e) Means of injury23. Signature Geo. Finberg (M. D. or other) \_\_\_\_\_  
Address Jewish Hospital Date signed Nov. 26/43

E-41 (Licensed Embalmer's Statement on Reverse Side)

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

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**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.**