DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19587

FILED JUN 23 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5497

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 0 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town ~~St. Louis~~ Community City
(If outside city or town limits, write "RURAL")
(d) Street No. 750 Kingsland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Covinsky
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 Nathan Covinsky
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 23, (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	23	hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Rubin Blumberg
13. Birthplace (City, town, or county) Poland (State or foreign country)
14. Maiden name Chana Lampert
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant S. Covinsky
(b) Address 7114A Tulane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc. Pherson
19. (a) JUN 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1944 hour 11 minute P M.
21. I hereby certify that I attended the deceased from July 8, 1943, to June 15, 1944, that I last saw him alive on June 15, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage + Thrombosis.	
Due to: Cardiovascular Fibrillation	5 weeks
Due to: Emboli to st. arm + leg	5 days
Due to:	
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 injury
23. Signature Herman W. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 6/16/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.