

S. No. 2  
OM-5-43  
v. 5-17-39  
X 36871

#38240  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 4925  
Registrar's No. 1136

FILED FEB 16 1945  
518

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial  
(d) Length of stay: In hospital or institution 8 days  
In this community 33 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo  
(b) County 000  
(c) City or town St. Louis  
(d) Street No. 1459 Shawmut  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Anna Urkofsky  
3. (b) If veteran, name war No.  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 3rd year 1945 hour 3:00 minute P. M.  
21. I hereby certify that I attended the deceased from 1/27/45 to 2/8/45  
that I last saw h. or alive on 2/3/45  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Urkofsky  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb 15 1883 (Month) (Day) (Year)

Immediate cause of death Chronic glomerulonephritis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy non performed

8. AGE: Years 61 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Russia  
10. Usual occupation Housewife  
11. Industry or business Housework  
12. Name fact Golmonovitz  
13. Birthplace Russia  
14. Maiden name Haha  
15. Birthplace Russia

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Urkofsky  
(b) Address 3807 Palmdale  
17. (a) (b) Date thereof 2-5-45  
(c) Place: burial or cremation Chest St. Emeth  
18. (a) Signature of funeral director Oberhardt  
(b) Address 4400 Washington  
19. (a) FEB 5 (b) J. F. Bruders (Date received local Registrar's) (Registrar's signature)

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?  
(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 E. W. C. (M. D. or other) 1515 Lafayette 2/5/45  
Address This signed

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 W. B. Newhandle.....

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.**