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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5593

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 900

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 6 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 4135 Agnes
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Edelstein

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years 59 Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Peter Winnegour

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

14. Maiden name Lena Rabinowitz

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

16. (a) Informant Nyman Edelstein

(b) Address Los Angeles, Calif.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Phowis Funeral Home

(b) Address 3400 Woodland

19. (a) 2-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from November 1945 to Feb 20 1946 that I last saw her alive on Feb 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration

Due to Hypertrophy of the heart

Due to Hypertension — complicated by Nephritis

Other conditions Diabetes mellitus
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other) MD

Address 625 Roy Bldg Date signed 2-21-46

(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. 2110

P. O. Address K.C.M

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.