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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 11 1947**

# THE STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

6817  
State File No. \_\_\_\_\_  
Registrar's No. **2000**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

**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:  
**6166 Delmar 3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **46 yrs**  
years, months or days

**3. (a) PRINT FULL NAME** **RAE PODOLSKY**

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 **married**

6. (b) Name of husband or wife **Morris Podolsky** 6. (c) Age of husband or wife if alive **(unk)** years

7. Birth date of deceased **(Unknown)**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
ab.	58			hr. min.

9. Birthplace **Austria 7**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

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

**MOTHER FATHER**

12. Name **Abraham Goodman 4**

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

14. Maiden name **Yetta (unk)**

15. Birthplace **Austria 7**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Al Podolsky**  
 (b) Address **808 Eastgate**

17. (a) **burial** (b) Date thereof **2/27/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Eme th**

18. (a) Signature of funeral director **Berger Memorial**  
**4715 McPherson**  
 (b) Address

19. (a) **FEB 27 1947 (b)** **J. F. Prodesch**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **University City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **808 Eastgate**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **26 FEB** day **1947**  
 year \_\_\_\_\_ hour **12** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **JUN. 1, 1939**, 19\_\_\_\_ to **26 FEB**, 19**47**;  
 that I last saw **her** alive on **26 FEB**, 19**47**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION** Duration **1 DAY**

Due to **ARTERIOSCLEROSIS GENERAL** **6 MONTHS**

Due to **OBESITY** **5 YEARS**

Other conditions **DUODENAL ULCER** **6 MONTHS**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **NONE**  
 Of autopsy **NONE**

**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) **NONE**

(b) Date of occurrence **NONE**

(c) Where did injury occur? **NONE**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**NONE**

While at work? **No** (Specify type of place) (e) Means of injury **NONE**

23. Signature **Henry E. Rosenberg** (M. D. or other) **M.D.**  
 Address **1467 N. UNION BL.** Date signed **FEB 26 1947**

**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..... 4239

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. . .