

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1453  
Registrar's No. 565-

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Rural  
(c) Name of hospital or institution: Halls Ferry Memorial Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 5227 Enright  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE YAWITZ

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Nathan Yawitz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years About 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

12. Name Saul Rifkin 13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Yawitz (b) Address 5227 Enright

17. (a) Burial (b) Date thereof 3-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Beth Hamedrosh Hagodol Cem.

18. (a) Signature of funeral director H. P. Rands, Reg. Cem.  
(b) Address 5216 Delmar Blvd.

19. (a) 3-13-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11 year 1947 hour 9:40 minute 40A M.  
21. I hereby certify that I attended the deceased from Oct 10 1946, to Mar 11 1947  
that I last saw him alive on Mar 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to 16 hypertension  
Due to 83  
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) (c) Means of injury 0  
23. Signature Willie Shaver (M. D. or other) \_\_\_\_\_  
Address 2139-11-Grand Date signed 3-11-47

APR 22 1947

MAR 31 1947

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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.....

*J. Burgess*

Licensed Embalmer No. 4029

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.