No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33954

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8739

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 Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution days (Specify whether years, months or days)
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 956 Hamilton (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIE BRAZLER
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 Widowed
6. (b) Name of husband or wife Jacob
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 84 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

FATHER
12. Name David Kash
13. Birthplace Russia (City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Morris Platzelman
(b) Address 6022 Maple
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director J. B. Laster
(b) Address 4715 McPherson
19. (a) OCT 8 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 5, 1934 to Oct. 6, 1948 that I last saw her alive on Oct. 6, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Occlusion | 10 days |
| Due to: Carcinoma right thigh with metastasis to lung | 2 years |
| Due to: Arteriosclerosis | Years |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Jos. M. Orenstein (M. D. ~~or other~~)
Address 440 N. Taylor Date signed 10/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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. 4329

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.**