

JAN 12 1940 701

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 11079

1. PLACE OF DEATH:

(a) County 1
(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.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 5717 Kingsbury 5
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 28 years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Rachel Sorokin 625
8. (b) If veteran, name war no 8. (c) Social Security No. no

20. DATE OF DEATH: Month Dec day 26
year 1939 hour 9:45 minute _____ a.m.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis Sorokin 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased (Month) (unk) (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from Dec 23, 1939, to Dec 26, 1939, that I last saw him ev alive on Dec 26, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years ab. 60 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion Duration 3 days
Due to Arterio-Sclerotic Cardio-vascular disease

9. Birthplace Mohilev (City, town, or county) U.S.S.R. (State or foreign country)

Other conditions uremia (Include pregnancy within 3 months of death) 3 days

10. Usual occupation hand inat home

11. Industry or business 7

Major findings: Of operations 95 Of autopsy _____ Underline the cause to which death should be charged statistically.

12. Name Benjamin Nappel

13. Birthplace U.S.S.R. (City, town, or county) (State or foreign country)

14. Maiden name Libbie (unk)

15. Birthplace U.S.S.R. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Sorokin

(b) Address 1211a Montclair

17. (a) burial (b) Date thereof 12/27/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director H.B. BERGER

(b) Address 4715 McPHERSON

19. (a) DEC 27 1939 (b) J. J. [Signature]
(Date received local registrar) (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? _____ (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) (e) Means of injury _____

28. Signature Sister Julia [Signature] (M. D. or other)

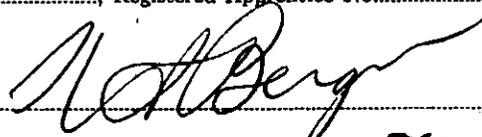
Address 452 N. Taylor Date signed 12/27/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 1597

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, above space should be left blank.