

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Orthodox Old Hooker Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 1/2 (Specify whether) 3
In this community 30 years, months or days

3. (a) PRINT FULL NAME CHANNA - Goldie - GUMBERG

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

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
About 91

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

10. Usual occupation housewife

11. Industry or business housewife

12. Name Oscar Kreisman

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

14. Maiden name Mona Fega

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

16. (a) Informant Umschretzman
(b) Address 5580 E. 4th Ave

17. (a) Burial, cremation, or removal Buried (b) Date thereof 9-6-40
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet
18. (a) Signature of funeral director Ed Galapp
(b) Address 4469 Washington St

19. (a) SEP 8 1940 (b) J. H. Pfeiffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 1438 E. Grand Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 6
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 4, 1939, to Sept. 4, 1940
that I last saw her alive on 9/4/40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension ?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 930

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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 Ed Galapp (M. D. or other) _____
Address 622 W. 4th Date signed 9/6/40

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.....

Not Embalmed
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.