

NOV 16 1940
Registration District No. **791**

Primary Registration District No. **1003**

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

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: 5230 Ridge Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sam Jellinek

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

(b) Name of husband or wife Late Ida S. Jellinek

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 17 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>0</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Pres. of Novelty Shop.

11. Industry or business _____

MOTHER FATHER { 12. Name John Jellinek.

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

14. Maiden name Unknown

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

16. (a) Informant Louise Treffert

(b) Address 5230 Ridge Ave.

17. (a) Entombment (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 8 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

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. 5230 Ridge Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th
year 1940 hour 8:15 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1940
19 _____ to Oct. 7, 1940, 19 _____;
that I last saw him alive on Oct. 6, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Cardiac Failure, Senility
General Debility

Due to _____

Due to Carcinoma of throat

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy not made

Duration _____

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)

(e) Means of injury _____

23. Signature C. P. Murphy M.D. (M. D. or other) _____
Address 266 N. Kingshighway Date signed 10/8/40

Dr. J. P. Murphy
2616 N. Kingsbury
Fairport 13065

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 *Edmund M. Dermott*

Licensed Embalmer No. *3024*

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.