

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Jewish Hosp.
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 yrs
(Specify whether years, months or days)
In this community 34 yrs

FILED DEC 2 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town University City NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7459 Drexel
(If rural, give location)
(e) If foreign born, how long in U. S. A. 34 years.

3. (a) PRINT FULL NAME PEARLSTONE, MRS. Rebecca

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

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

6. (b) Name of husband or wife Isadore Pearlstone (unk) 6. (c) Age of husband or wife if alive (unk) years

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

8. AGE: Years Months Days If less than one day
ab. 65 hr. min.

9. Birthplace Kisheneff Bessarabia U.S. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name (unk)

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

14. Maiden name _____

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

16. (a) Informant David Pearlstone
(b) Address 7459 Drexel

17. (a) burial (b) Date thereof 11/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H.B. Berger
(b) Address 4715 McPherson

19. (a) NOV 21 1940 (b) J.F. Rudbeck
(Date received local registrar) (Registered Embalmer)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 40 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from 7/23/40
1940, to 11/21, 1940

that I last saw her alive on 11/20/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease ?

Due to Diabetes Mellitus ?

Due to Hypertension ?

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

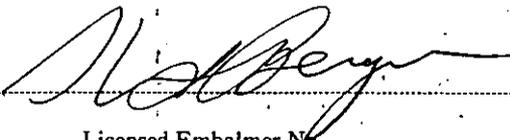
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Goloff md (M. D. or other) _____
Address 622 New Club Date signed 11/21/40

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.....
....., 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, fact should be so stated above.