

No. 2  
1-4-41  
-17

State File No. ....

SEP 17 1941  
Registration District No. 791

Primary Registration District No. ....

Registrar's No. 6603

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 0 (Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
000  
17  
6?

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No..... 1407 Blackstone  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
0  
If yes, name country .....

3. (a) PRINT FULL NAME Yetta Forman

3. (b) If veteran, name war..... no

3. (c) Social Security No..... NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11<sup>th</sup>  
year 1941 hour 10 minute 55 p M.

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

6. (b) Name of husband or wife..... Louis Forman | 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... July 10, 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 11<sup>th</sup> 1941 to August 11<sup>th</sup> 1941, that I last saw her alive on August 11<sup>th</sup> 1941, and that death occurred on the date and hour stated above.

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

36 1 2 hr. min.

Immediate cause of death..... Pulmonary embolism? 3 hours

9. Birthplace Kaunas, Lithuania X  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Due to..... Laparotomy 7 days ago

Due to..... Appendicitis, chronic

11. Industry or business Getzels Brody

12. Name Getzels Brody

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

14. Maiden name Fanny Brody

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

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

Major findings:  
Of operations.....  
Of autopsy..... none present

16. (a) Informant Louis Forman  
(b) Address 1407 Blackstone

17. (a) burial (b) Date thereof 8/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

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?.....

18. (a) Signature of funeral director.....  
(b) Address 4715 Mo. Phoenician

19. (a) AUG 13 1941 (b) J. Z. Bruch  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature G. E. Jancufeld (M. D. or other) JMD  
Address 4500 Olive Date signed 8/14/41

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

MOTHER FATHER

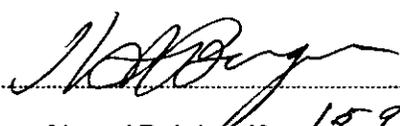
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**STATEMENT BY LICENSED EMBALMER**

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, fact should be so stated above.**