

FILED FEB 24 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

573

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

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution St. Skinker 3R

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

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton

(d) Street No. 6330 Southwood

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Silvia Bleustein

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1942 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb. 18 1916

Immediate cause of death Fracture of skull. Subdural hemorrhage of brain. She was struck by a automobile driven by one Tyler B. Hank at the intersection of Southwood and Skinker Blvd. about 8:05 Pm Jan 18-1942

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

8. AGE: Years 25 Months 11 Days - If less than one day hr. _____ min. _____

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 170 21 510

Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo. 0

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Morris Rosenthal

13. Birthplace Russia 6

14. Maiden name Fannie Feldman (City, town, or county) (State or foreign country)

15. Birthplace Russia 6 (City, town, or county) (State or foreign country)

16. (a) Informant Milton Bleustein

(b) Address burial (b) Date thereof Jan 20-42

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar

19. (a) Jan 19 1942 (b) J. J. Mueser (Date filed) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident DDO

(b) Date of occurrence Jan 18-1942

(c) Where did injury occur? St. Louis Mo

(d) Did injury occur in or about home, or in industrial place, in public place? Public Place

23. Signature Walter Perry (M. D. or other) _____

Date signed 4/19/42

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.