

FILED MAR 16 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 566

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural - St. Ferdinand & Pattonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years 18 days
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Goldie Serebrenick

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 Nathan Serebrenick 6. (c) Age of husband or wife if alive unk years

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

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

ab 75 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Israel Wasserman

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

14. Maiden name Yenta (unk) (State or foreign country)

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

16. (a) Informant N. Serebrenick (b) Address 2025 Carr Street

17. (a) burial (b) Date thereof 3/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4711 N. S. P. Highway

19. (a) MAR 1 1942 (b) C. M. Duran M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17

(If outside city or town limits, write "RURAL") 9

(d) Street No. 2025 Carr Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1942 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from February 24
1938, to March 10, 1942;

that I last saw h.e. alive on March 10, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to 9:30

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

Major findings: Of operations 7

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? 0

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Philip Singer (M. D. or other)

Address Jewish Sanatorium Date signed 3/11/42

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

96
00

107

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, above space should be left blank.