

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **11259 Aubert 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 **28 years**  
years, months or days

**3. (a) PRINT FULL NAME BESSIE OR BRUCHA PERLMUTTER**  
3. (b) If veteran, **no** name war  
3. (c) Social Security **none** No.

4. Sex **Female**  
5. Color **white** race  
6. (a) Single, widowed, married **married**  
divorced  
6. (b) Name of husband or wife **Markel Perlmutter**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

**8. AGE:** Years **Abt. 66** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Russia**  
(City, town, or county) (State or foreign country)

**10. Usual occupation Housewife**

**11. Industry or business Housework**

**12. Name Berish Shapiro**

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

**14. Maiden name Prima**

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

**16. (a) Informant Markel Perlmutter**

**(b) Address 1259a Aubert**

**17. (a) Burial (b) Date thereof 4 24 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation Chesed Shel Emeth**

**18. (a) Signature of funeral director Odenhandler**

**(b) Address 4469 Washington**

**19. (a) APR 24 1942 (b) J. J. Brudek (c) APR 24 1942**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1217**  
(d) Street No. **1259 Aubert** (If rural, give location) **F**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **23**  
year **1942** hour **3** minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from Jan 1 1941 to April 23 1942, and that death occurred on the date and hour stated above.**

Immediate cause of death **Cerebral hemorrhage**  
Duration **12 hrs.**

Due to **Arterio sclerosis** **3**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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 Albert E. Tansley (M. D. or other) M.D.**

Address **6500 Olive St. St. Louis** Date signed **4/23/42**

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

MOTHER FATHER

**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

*Not Embalmed*

Signed..... *W.B. Chenhault*

Licensed Embalmer No. *3669*

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.**