

FILED JUN 22 1942

Registration District No.

1003

Registrar's No.

5062

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

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:
5625 Lindell
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60yrs
(Specify whether years, months or days)

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")
 (d) Street No. 5625 Lindell
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Romansky
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 10th
 year 1942 hour 4 minute 0 P. M.
 21. I hereby certify that I attended the deceased from May 25
1942 to June 10 1942
 that I last saw him alive on 6/10 1942
 and that death occurred on the date and hour stated above.

4. Sex male female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 28 1845
(Month) (Day) (Year)

Immediate cause of death:
Tuberculosis
of lung
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace: Kaunas Lithuania Russia
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business Matzo merchant

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER {
 FATHER {
 12. Name Jacob Romansky
 13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
 14. Maiden name Fanny (uhk)
 15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant I. Romansky
 (b) Address 710 Limit
 17. (a) burial (b) Date thereof 6/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Beth HamHag Berger Memorial
4715 McPherson

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

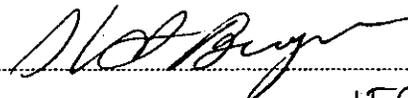
18. (a) Signature of funeral director J. F. Brudick
 (b) Address 4715 McPherson
 19. (a) JUN 11 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Feldman (M. D. or other) MD
 Address 634 W 3rd St Date signed 6/10/42

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.....

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.