

FILED AUG 6 1942 791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Fannie Barschak

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

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

6. (b) Name of husband or wife Joseph Barshak 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased not known  
(Month) (Day) (Year)

8. AGE about 67 Years Months Days If less than one day  
hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business not known

MOTHER FATHER { 12. Name not known

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

{ 14. Maiden name unknown

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

16. (a) Informant Joseph Barshak  
(b) Address 5854 Plymouth

17. (a) Burial (b) Date thereof 7-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director J. P. Budick

(b) Address 5216 Delmar

19. (a) (Date received local registrar) JUL 25 1942 (b) (Registrar's signature) J. P. Budick

2. USUAL RESIDENCE OF DECEASED:

Missouri St. Louis 000

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 511

(d) Street No. 5854 Plymouth  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 -42  
year \_\_\_\_\_ hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from February 19, 42 to July 23, 1942  
that I last saw her alive on July 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy Duration 2 mo.

Due to Hypertension with Chronic Nephritis

Due to Arteriosclerosis

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joe A. Orenstein (M. D. \_\_\_\_\_) 0  
Address 4500 Olive St Date signed 7/24/42

**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 C. W. Cooper  
Licensed Embalmer No. 9830  
P. O. Address 5216 Delmar

**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.**