

FILED MAY 14 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
1211 Montclair  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 31 yrs  
years, months or days

3. (a) PRINT FULL NAME Hyman Pessin

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

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

6. (b) Name of husband or wife (unknown) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years Months Days If less than one day  
ab. 76 hr. min.

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

10. Usual occupation Retired  
11. Industry or business Tailor

MOTHER FATHER { 12. Name Ben Pessin  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant Sam Pessin  
(b) Address 1211 Montclair

17. (a) burial (b) Date thereof 5/7/43  
(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 4715 McPherson

19. (a) MAY 7 1943 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1211 Montclair  
(If rural, give location)  
Registered Alien  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 day  
year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1st 13 to May 6 1943  
that I last saw him alive on May 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 week

Due to Arterio-sclerotic Heart Disease 3 yrs.

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 Rehussella (M. D. or other) 7/6/43  
Address 3720 Washington Date signed \_\_\_\_\_

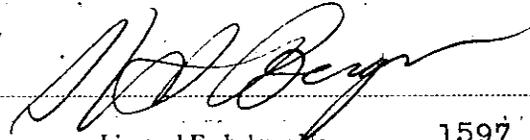
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**STATEMENT BY LICENSED EMBALMER**

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.**