

FILED JUN 14 1943 318

Primary Registration District No. **1003**

Registrar's No. **5250**

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

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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **50 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Esther Ellman**

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..... **Max Ellman** 6. (c) Age of husband or wife if alive..... **(unk)** years

7. Birth date of deceased **Aug. 15,** **1891**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**51** **9** **22** hr. min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Harry Reitman**  
13. Birthplace **Volhynia** **Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ida** **(unk)**  
15. Birthplace **Volhynia** **Russia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Max Ellman**  
(b) Address **1522a Clara**

17. (a) **burial** (b) Date thereof **6/8/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hevre Kedisha**

18. Signature of funeral director **Berger Memorial**  
**4715 McPherson**

19. **JUN 8 1943** (b) **J. F. Bruesch**  
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. **1522a Clara**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**  
year **1943** hour **7** minute **15** A.M.

21. I hereby certify that I attended the deceased from **May 31** 19**43** to **June 7** 19**43**  
that I last saw her alive on **June 7** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary infarction**  
**due to** **acute fibrillation**  
**of** **arteriosclerotic heart**  
**disease.**

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

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)  
(c) Means of injury.....

23. Signature **Joseph H. Stenberg** (M. D. or other)  
Address **4715 McPherson St. Louis** Date signed **June 7 1943**

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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.**