

FILED JUN 4 1943

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Registrar's No. **4763**

Registration District No. _____

Primary Registration District No. _____

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:
De Paul Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 yrs _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Rebecca Rassler

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 Widowed

6. (b) Name of husband or wife Wm P. Rassler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 8 _____ hr. _____ min.

9. Birthplace Galicia Austria
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Greenberg
13. Birthplace Krakow Austria
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Stern
15. Birthplace Krakow Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Schoenwald

(b) Address 5550 Kenmore Chicago Ill

17. (a) burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 24 1943 (b) J. P. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 715 Westgate
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 10 minute 07 A. M.

21. I hereby certify that I attended the deceased from Feb 20 1943 to May 27 1943
that I last saw her alive on May 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to _____
Due to Had Interstitial pneumonia
P. K. Payer Hospital

Other conditions Did not contribute to death
(Include pregnancy within 3 months of death)

Major findings/Of operations none

Of autopsy _____

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 e. a. Stone (M. D. or other) _____
Address 3720 Washington Date signed _____

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

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.