

X2579

FILED JUN 19 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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 MOH NURSING HOME-5861 Cate
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day
In this community 3 1/2 MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME GITTEL GLICKMAN

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE / 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
(b) Name of husband or wife late NEWTA GLICKMAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. UNKNOWN
(Month) (Day) (Year)

8 AGE:	Years	Months	Days	If less than one day
Abt	55			hr. min.

9. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name MOVIS GLICKMAN

13. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

14. Maiden name DEGA
15. Birthplace RUSSIA 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mat Glickman

(b) Address 718 Kingsland

17. (a) BURIAL (b) Date thereof 6-15-43
(Burial, cremation, or re-burial) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director [Signature]

(b) Address 4469 Washington

19. (a) JUN 13 1943 (b) J. F. Chesed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5914 1/2 BARTMER 9 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 1/2
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10 1943 to June 13 1943
that I last saw her alive on July 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia of sigmoid metastatic Ad Libera J
Duration 1 yr. 7

Due to: [Signature]
Due to: [Signature]
Other conditions: [Signature]
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: [Signature] 3/16/43
Of operations: [Signature]
Of autopsy: [Signature]
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 [Signature] (M. D. or other) M. D.
Address 508 N. Grand Date signed 6/14/43

WRITE PLAINLY—USE UNFAIRING 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 W. B. Kenhandle

Licensed Embalmer No. 3669

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.