

FILED JUL 31 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6654

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:
5130 Kensington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town ST. Louis 912
(If outside city or town limits, write "RURAL")

(d) Street No. 5130 Kensington
(If rural, give location)

Alien #4331361

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Esther Pastel Yawitz

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 18 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4 to July 22, 1943, that I last saw her alive on July 22, 1943, and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Zelig Yawitz

6. (c) Age of husband or wife if alive years

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

Immediate cause of death: coronary thrombosis

Duration 2 hrs

8. AGE: Years Months Days If less than one day

ab 82 hr. min.

Due to generalized arterio sclerosis many years

Due to Diabetes mellitus many years

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

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

10. Usual occupation at home

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy none

11. Industry or business

12. Name Moses Katchan

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

14. Maiden name Sobel (unk)

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Peck
(b) Address 6524 Berthold Ave.

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?

17. (a) burial (b) Date thereof 7/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Berar Memorial
(b) Address 4715 McPherson

While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph Majadon (M. D. or other) MD
Address 520 W. 14th St. Date signed July 22, 1943

19. (a) JUL 23 1943 (Date received local registrar)

J. F. Brebeck (Registrar's signature)

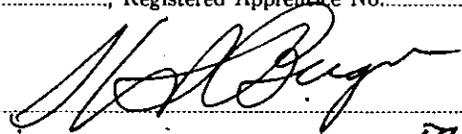
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.