

FILED SEP 21 1943

Registration District No. **1003**

Primary Registration District No. **1003**

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:
5861 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **about 30 yrs**
years, months or days) (Specify whether)

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. **5570 Cote Brilliante**
(If rural, give location)
Reg. Alien
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anna Chotinsky**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **13th**
year **1943** hour **2** minute **20 A.M.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Isadore Chotinsky**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 16 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 25 1942** to **Sept 13 1943**
that I last saw h. **er** alive on **Sept 12 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 8 27 hr. min.

Immediate cause of death **Cerebral thrombosis** Duration **1 day**
Due to **Malnutrition**
Hypertension

9. Birthplace **Pinsk Poland**
(City, town, or county) (State or foreign country)
10. Usual occupation **Grocer, retail, retired**

Other conditions **Chronic alcoholism**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business.....
12. Name **Abraham Yanuck**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah (unk)**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations..... **A3**
Of autopsy.....

16. (a) Informant **Alfred Chotinsky**
(b) Address **5570 A Cote Brilliante**
17. (a) **burial** (b) Date thereof **9/14/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Chesed Shel Emeth Berger Memorial**
18. (a) Signature of funeral director **4715 McPherson**
(b) Address
19. (a) **SEP 14 1943** (b) **J. J. Fredrick**
(Date received local registrar) (Registrar's signature)

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 **J. J. Fredrick** (M. D. or other)
Address **4715 McPherson** Date signed **SEP 14 1943**

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.