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X29484

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

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

4. Sex female / Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam Finkelstein
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January 18, 1903

8. AGE: Years 40 Months 11 Days 16
If less than one day hr. min.

9. Birthplace Kaunas Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Oscar Berger
13. Birthplace Lithuania
14. Maiden name Mollie Silverman
15. Birthplace Lithuania

16. (a) Informant Sam Finkelstein
(b) Address 1393 Clara ave.

17. (a) burial (b) Date thereof 1/5/44
(c) Place: burial or cremation Chessed Shel Emeth

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

19. (a) JAN 5 1944 J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1393 Clara ave.
(e) Citizen of foreign country? alien # (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from October 19 42 to January 4 19 44
that I last saw er alive on January 4 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema
Duration 4 hrs.

Due to broncho pneumonia 7 days

Due to diabetes mellitus 8 yrs.

Other conditions syphilis 6 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy none
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Means of injury

23. Signature Dr. Harry K. ... M. D. or other) MD
Address 1034 No. Theatre Bldg. Date signed 1/4/44

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.