

FILED MAR 13 1944

Registration District No.

318

Primary Registration District No.

1003

State File No.

Registrar's No.

2176

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 43 years  
years, months or days)

3. (a) PRINT FULL NAME Sarah Reznick

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 married

6. (b) Name of husband or wife Ely Reznick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years about 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bezalel Berger  
 13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Esther Malka Kessler  
 15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Dave A. Reznick  
 (b) Address 5909 Maffit ave.

17. (a) burial (b) Date thereof 3/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) MAR 5 1944 (b) J. F. Brule  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1915 Arlington ave.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3<sup>rd</sup>  
 year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-29-44 1944 to 3-3 1944  
 that I last saw h. PT. alive on 3-3 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Coronary artery disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration

1 hour  
years

Other conditions arteriosclerosis of spine  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations PH  
 Of autopsy \_\_\_\_\_  
 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 D

23. Signature Joseph Frankberg (M. D. or other) \_\_\_\_\_  
 Address Jewish Hosp. St. Louis Date signed Mar 5 1944

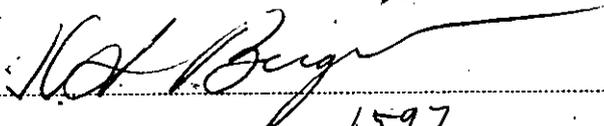
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.**