

FILED FEB 28 1944  
 Registration District No. 277

Primary Registration District No. 2002

Registrar's No. 425

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town University City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
759 Leland /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 37 yrs  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 759 Leland  
 (If rural, give location)  
Reg. Alien  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alter Edlin  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Leah Edlin 6. (c) Age of husband or wife if alive (unk) years  
 7. Birth date of deceased January 23 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 23 hr. min.

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

10. Usual occupation Retired Merchant (1941)

11. Industry or business Retail Dry-goods

12. Name Hirsh Edlin

13. Birthplace unknown Poland  
 (City, town, or county) (State or foreign country)

14. Maiden name Pessie (unk)

15. Birthplace unknown Poland  
 (City, town, or county) (State or foreign country)

16. (a) Informant A. Edlin

(b) Address 6 Waverly drive.

17. (a) burial (b) Date thereof 2/18/44  
 (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

19. (a) FEB 19 1944 (b) E. G. McPherson, Jr.  
 (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th  
 year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 15  
 \_\_\_\_\_, 1944, Feb. 16, 1944  
 that I last saw him alive on Feb. 15, 1944, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage Duration 24 hrs  
 Due to Arteriosclerotic cardio vascular disease 2 yrs  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN 93d  
 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 0

23. Signature E. G. McPherson, Jr. (M. D. or other) \_\_\_\_\_  
 Address 462 N. Taylor Ave. Date signed 2/17/44

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

96  
53

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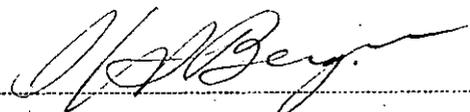
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**STATEMENT BY LICENSED EMBALMER**

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.**