

FILED APR 15 1944 18

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **3445**

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)  
 In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6269 Cabanne  
(If rural, give location)  
 (e) Citizen of foreign country? Alien # (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Dora Zorensky  
**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,** 2 divorced, widow  
**6. (b) Name of husband or wife** Israel Zorensky **6. (c) Age of husband or wife if alive,** years 10, 1872  
**7. Birth date of deceased** Dec. 10, 1872  
(Month) (Day) (Year)

**8. AGE:** Years 71 Months 3 Days 22 If less than one day hr. min.

**9. Birthplace** Mohilev, USSR. 6  
(City, town, or county) (State or foreign country)

**10. Usual occupation** at home

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

MOTHER FATHER

**12. Name** Hirsh Lappin  
**13. Birthplace** USSR. 6  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mollie (unk.)  
**15. Birthplace** USSR. 6  
(City, town, or county) (State or foreign country)

**16. (a) Informant** H. Zorensky  
**(b) Address** 58 Lake Forest

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Apr. 3, 1944  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Chesed Shel Emeth

**18. (a) Signature of funeral director** Berger Memorial

**(b) Address** App 3, 4715 Mc. Pherson Ave.

**19. (a)** J. F. Bedell (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 2 year 1944 hour 9:50 minute a. M.

**21. I hereby certify that I attended the deceased from** July 1928 to April 2, 1944  
 that I last saw him alive on April 2, 1944  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Gastro-Intestinal Hemorrhage (?)  
(? cause)  
**Duration** 1 day  
**Due to** Hypertension & atherosclerosis  
Heart Disease  
**Duration** 10 yrs +

**Due to** \_\_\_\_\_

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

**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**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?** \_\_\_\_\_  
(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) **(c) Means of injury** \_\_\_\_\_

**23. Signature** Arthur E. Shaw (M. D. or other) M.D.  
**Address** 539 N. 9th **Date signed** 4/3/44

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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.....  
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.