

FILED MAY 15 1944

1003

Registrar's No. 4153

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1331 Temple Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (d) Street No. 1331 Temple Place
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Dorrin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Mordack Dorrin 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years about 64 Months -- Days --
If less than one day hr. _____ min. _____

9. Birthplace Odessa Russia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Manuel Dorrin

(b) Address 1331 Temple Pl.

17. (a) Burial (b) Date thereof 5-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Harman Rudsteg
(b) Address 5216 Delmar Blvd.

19. (a) MAY 4 1944 (Date received local registers) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from April 29, 1944 to May 3, 1944, that I last saw her alive on May 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Hypertensive Cardio-Vascular Disease.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 Heruagu M. Meyer (M. D. or other) MD.
Address S. P. H. Kraus Date signed 5/4/44

Duration 6 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *John Ketterer*
Licensed Embalmer No. *3830*
P. O. Address. *4355 Washington*

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.