

FILED APR 26 1944

318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 3649

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.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Millard Samuel Pearlstone

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, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sep. 29 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 19 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation wholesale grocer

11. Industry or business.....

12. Name Leon Pearlstone
13. Birthplace Volhynia USSR
(City, town, or county) (State or foreign country)
14. Maiden name Yetta Feldman
15. Birthplace Galatz Roumania
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Moss
(b) Address 44 Broadview
17. (a) Burial (b) Date thereof 4/20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Hebrew

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

19. (a) APR 20 1944 (b) J. J. Prudish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 17
....., 1943, to April 18, 1944;
that I last saw him live on April 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchopneumonia 3 days
Due to Carcinoma of Head of Pancreas

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

Major findings: Of operations Carcinoma of Head of Pancreas
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?
..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature Harold Scheff (M. D. or other)
Address 607 N. Grand Date signed 4/19/44

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

MOTHER FATHER

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.