

FILED MAY 20 1944 318

1003

State File No.

Registrar's No. 4212

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 42 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 1237A Walton (If rural, give location) 9 1/2  
(e) Citizen of foreign country? Alien # 2661280 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Nudelman

3. (b) If veteran, name war no  
3. (c) Social Security No. 492-09-3618

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Nudelman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 15, 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation tailor

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

MOTHER FATHER { 12. Name Abraham David Nudelman  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mirel (unknown)  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Nudelman  
(b) Address 4623 Vernon

17. (a) Burial (b) Date thereof 5/10/1944  
(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) MAY 10 1944 J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 8, 1944 to May 8, 1944  
that I last saw him alive on May 8, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident  
hemorrhage  
hypertension

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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. Finberg (M. D. or other)  
Address Jewish Hosp. St. Louis Date signed May 10/44

Duration

6 hours  
years?

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 .....

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.**