

FILED MAY 19 1944

318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 4545

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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5170 Cates
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Sandmel

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, divorced married

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

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

8. AGE: Years about 63 Months _____ Days _____ If less than one day
hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Joshua Nochim Lenderman

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

14. Maiden name Brocha Miriam Hablinsky

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

16. (a) Informant Ben Sandmel

(b) Address 7130a Dartmouth

17. (a) Burial (b) Date thereof 5/17/1944
(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 17 1944 (b) J. J. Berger
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
 year 1944 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Hemorrhage while undergoing operation for a complete gastrectomy at Jewish Hospital, May 16, 1944, about 10:30 AM.

Due to _____

Other conditions 1/8.2
(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) Hospital

(b) Date of occurrence 5-16-1944

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Jewish Hosp.

While at work _____ (Specify type of place) (e) Means of injury _____

Signature Chesed Shel Emeth (M, D. or other) _____

Address _____ Date signed 5/16/44

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.