

Registration District No. Primary Registration District No. 1003 Registrar's No. 5422

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 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6041A Bartmer
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Milman

3. (b) If veteran, name war no
3. (c) Social Security No. 498-26-0330

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Abraham Milman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 11, 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Aaron M. Newman
13. Birthplace USSR.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Diamondstein
15. Birthplace USSR.
(City, town, or county) (State or foreign country)

16. (a) Informant Abraham Milman
(b) Address 6041A Bartmer
17. (a) Burial (b) Date thereof 6/18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Jewish

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) JUN 16 1944 J. J. Prosser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 4, 1944 to June 13, 1944
that I last saw her alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus Duration 1 day
Due to femoral thrombophlebitis / week
Due to chronic peritonitis

Other conditions (Include pregnancy within 3 months of death) (Subtotal gastric resection) 4/6/44

Major findings: Physician obstruction PHYSICIAN _____
Of operations Diverticular ulcer into pancreas
Of autopsy As above
and C.P.C. Liver
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? _____ (Specify type of place) (Specify type of place)
23. Signature Paul J. Louwison (M. D. or other) M.D.
Address University Club Bldg Date signed 6/15/44

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.

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.