

FILED JUL 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5739

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County lno
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1032 Art Hill pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Fannie Steve

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 Louis Steve 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 10, 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 15 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Tribeman
13. Birthplace Volhynia Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Rose Frachtman
15. Birthplace Volhynia Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Fitter
(b) Address 5750 Vernon ave.
17. (a) burial (b) Date thereof 6/26/44
(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 ave.

19. (a) JUN 26 1944 (b) J. J. Birech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from June 24
1944 to June 25 1944
that I last saw h er alive on June 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & shock
Due to _____
Due to 61

Other conditions diabetes & nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

Duration

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature Clare B. Kane (M. D. or other) M.D.
Address 706 Walton Date signed 6/26/44

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. 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.