

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED AUG 25 1944 18
Registration District No. _____

Primary Registration District No. **1003**

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

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:
4373 W. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **53 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **723 Syracuse**
(If rural, give location)

(e) Citizen of foreign country? **Alien #1788919** (Yes or No) **/**
If yes, name country _____

3. (a) PRINT FULL NAME **Anna S. Greenberg**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **female** / Color or race **White**

6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **Hyman Greenberg**

6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased **Apr. 5, 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	8	hr. _____ min. _____

9. Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Mendel Solowotach**

13. Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Esther** **(unk.)**
(City, town, or county) (State or foreign country)

15. Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Solomon**

(b) Address **723 Syracuse**

17. (a) **Burial** (b) Date thereof **8/15/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bnai Amoona**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 Mc. Pherson**

19. (a) **AUG 15 1944** **J. F. Biedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13,** year **1944** hour **5** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Dec. 17**, 19**43**, to **August 12**, 19**44**; that I last saw him alive on **August 12**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis heart disease**

Due to **general arteriosclerosis**

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? _____

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

23. Signature **Keith S. Wilson** (M. D. or other) **M.D.**

Address **4952 Maryland** Date signed **8-14-44**

Duration **3 years**

PHYSICIAN _____

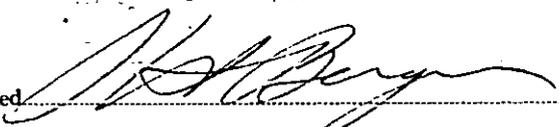
Underline the cause to which death should be charged statistically.

1947 JUN 12

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.