

FILED NOV 10 1944
318
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 24 hours
(Specify whether In this community 23 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 1344 Shawmut
(If rural, give location) 96

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE HERSHKOWITZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife late Gabriel Hershkowitz 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day

Abt. 75 hr. min.

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

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Simphi Fryerman

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

14. Maiden name Annie Schuchar

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

16. (a) Informant Jake Hersh

(b) Address 1324 Goodfellow

17. (a) Burial (b) Date thereof 11-2--44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director [Signature]

(b) Address 4469 Washington

19. (a) NOV 1 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10/30, 1944 to 10/31, 1944
that I last saw her alive on 10/31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 d.

Due to arteriosclerotic Heart dis years.

Due to 930

Other conditions hypertension years.

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature David Feldman (M. D. or other) MD

Address Jewish Hosp Date signed 10/31/44

Feldman

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 *W.B. Chandler*.....

Licensed Embalmer No. *369*.....

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.