

FILED DEC 27 1944
Registration District No. **318**

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 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 99
(c) City or town Chicago (If outside city or town limits, write "RURAL") 110
(d) Street No. 3915 W. 13th St. (If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel Greenberg

(b) If veteran, name war no (c) Social Security No. 349-10-4557

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Anna Greenberg (c) Age of husband or wife if alive years

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

8. AGE: Years 60 Months Days If less than one day hr. min.

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

10. Usual occupation tailor bushelman

11. Industry or business

12. Name Schmerel Okrainetz

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

14. Maiden name Dwossiah (unk.)

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

16. (a) Informant Mrs. Jennie Kaplan

(b) Address 5910 Washington

17. (a) Removal (b) Date thereof 12/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) DEC 9 1944 J. J. Pudek (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1944 hour 3 am. minute M.

21. I hereby certify that I attended the deceased from Nov. 8
1944 to Dec. 8 1944

that I last saw him alive on Dec. 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration

Due to Spastic ileus & Intussusception
Due to

Other conditions Gen. Peritonitis derived
(Include pregnancy within 3 months of death)

Major findings: Of operations Politic Kidney PHYSICIAN

Of autopsy N/A 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) (a) Means of injury

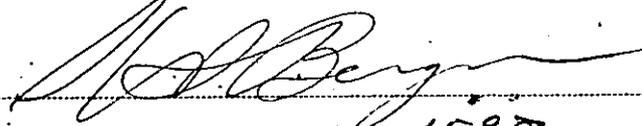
23. Signature M. E. Barron (M. D. or other) Date signed 12/11/44
Address Mo. Bldg.

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.