

FILED JAN 16 1945

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 Orthodox Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 24 years 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebecca Holtzman
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 widow

6. (b) Name of husband or wife Eliezer Holtzman
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Leo Siegel

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

14. Maiden name rosa (unk)

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

16. (a) Informant Paul Holtzman

(b) Address 7310 Stanford

17. (a) burial (b) Date thereof 1/7/45
(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) JAN 7 1945 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1438 E. Grand
(If rural, give location)
(e) Citizen of foreign country? alien (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1945 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 4th 1945, to _____, 1945;

that I last saw him alive on Jan 4th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 10 hrs.
Hypertension 4:30
Due to arterio-sclerosis 4:30
General 4:30

Due to _____

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

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) (e) Means of injury _____

23. Signature Heriman M. Meyer (M. D. or other) MD
Address 508 N. Grand Date signed 1/5/45

Duration
10 hrs.
4:30
4:30
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.