

FILED MAR 5 1945

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. 530

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. and 2 days  
(Specify whether years, months or days)

In this community 346 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County W. Co.

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

(d) Street No. 4645 Newberry  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country Russia

3. (a) PRINT FULL NAME Louis Nudelman (w A 1 b)

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1945 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 19th 1944 to Feb. 21 1945  
that I last saw him alive on Feb. 20 1945  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: May 15 1870  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration \_\_\_\_\_

8. AGE: Years 74 Months 9 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Teacher

Other conditions Cor. Myocarditis  
(Include pregnancy within 3 months of death)

11. Industry or business School Teaching

12. Name David Nudelman

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

14. Maiden name Eta Unterechoff

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy g3d

16. (a) Informant Pine Crest Home  
(b) Address Ballwin, Mo.

17. (a) Chesed Shel Emeth Date there Feb. 23 1945  
(Burial, cremation, or repository) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Ben Pandley  
(b) Address 7469 Washington Blvd

19. (a) FEB 24 1945 (b) Dr. R. J. Jansen  
(Date received local burial) (Registrar's signature)

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 R. J. Jansen (M. D. or other) \_\_\_\_\_  
Address Manchester Mo Date signed 2/24/45

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

600

MAR - 8 1945

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, myself,  
working under my personal supervision.

Registered Apprentice No. ~~3669~~

Signed W. G. Oberlander

Licensed Embalmer No. 3669

P. O. Address 4469 Washington

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.