

FILED AUG 11 1945
818

State File No. _____

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 6875

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6603 Clemens
(If rural, give location) 5 NR
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sadie German

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 Widow 2
6. (b) Name of husband or wife Simon German 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Year About 60 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Max German

(b) Address 725 S. Skinker

17. (a) Burial (b) Date thereof 8-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Kinds

(b) Address 5216 Delmar Blvd.

19. (a) AUG 5 1945 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1
1944 to Aug. 4 1945
that I last saw him alive on Aug. 3rd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congestive Heart Failure
Due to Coronary & hypertensive
heart disease.
Duration 10 days.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93
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? _____

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

23. Signature J. F. Prudek (M. D. or other) MD
Address 401 Humboldt Date signed 8/4/45

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

MOTHER FATHER

20
17
9

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..... *M. R. Burgess*.....
Licensed Embalmer No. *4029*.....

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.