

**FILED SEP 1945 318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7441**

**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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 001  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5652 Etzel  
(If rural, give location) 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harris Londe

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Londe 6. (c) Age of husband or wife if alive 62 years

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

8. AGE: Years About 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Garment Maker

**11. Industry or business**

12. Name Louis Londe

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

14. Maiden name Pearl Grubnik

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

16. (a) Informant Lieut. Leo Londe

(b) Address 5652 Etzel

17. (a) Burial (b) Date thereof 8-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. R. Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) AUG 27 1945 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 27  
year 1945 hour 4:45 minute AM

21. I hereby certify that I attended the deceased from Aug - 15, 1945, to Aug. 27, 1945  
that I last saw him alive on Aug 26, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to Thoracic operation  
Due to Carcinoma of esophagus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of esophagus  
Of operations \_\_\_\_\_  
Of autopsy 46

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) \_\_\_\_\_  
(Specify means of injury)

23. Signature J. F. Bredeek (M. D. or other) MD  
Address 400 Olive Date signed \_\_\_\_\_

Duration 1 day  
36h  
6 hrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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..... *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.**