

FILED SEP 27 1945
318

State File No. _____
Registrar's No. 7618

Registration District No. _____ Primary Registration District No. 1002

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6428 Cates Avenue
(If rural, give location) NR 15

(e) Citizen of foreign country? Alien (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Louis Zoren'sky

3. (b) If veteran, name war no

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 _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years about 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Mohilev U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Clothing

11. Industry or business _____

12. Name Israel Zoren'sky

13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name Dora Lapin

15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant H. Zoren'sky

(b) Address 58 Lake Forrest

17. (a) burial (b) Date thereof 8-31-45
(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 16715 McPherson Avenue

19. (a) Aug 31 1945 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/31 day _____
year 1945 hour 5 minute 9 A.M.

21. I hereby certify that I attended the deceased from 8/24 to 8/31, 1945
that I last saw him alive on 8/30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration 1 week

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)

(e) Means of injury _____

23. Signature Edward Feldman (M.D. or other) MD
Address 634 W. 10th Date signed 8/31/45

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

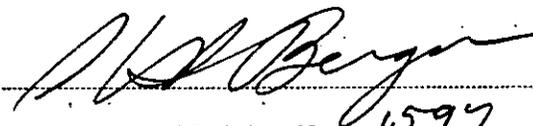
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17
9

MOTHER FATHER

1217
1491

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.