

FILED OCT 12 1945
318

Primary Registration District No. **1003**

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

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:
Jewish Orthodox Old Folks Home
(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)

3. (a) PRINT FULL NAME Anna Londe

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

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

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

8. AGE: Years Months Days If less than one day

About 65

hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Morris Londe

(b) Address _____

17. (a) Burial (b) Date thereof 10-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 5216 Delmar Blvd.

19. (a) OCT 8 1945 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0109

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

(d) Street No. 1438 E. Grand
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1945, to Oct 6, 1945,
that I last saw her alive on Oct 2, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Cardio Vascular Disease

Due to arteriosclerosis

Duration
5yr +
5yr +

Due to _____

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

Major findings:
Of operations _____

Of autopsy none

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 Frank Cohen (M. D. or other) _____

Address 462 E. Taylor St Louis Mo Date signed 10/7/45

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. 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.