

Registration District No. **375**

Primary Registration District No. **6076**

Registrar's No. **2422**

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 SANATORIUM**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year 8 months**  
(Specify whether years, months or days)  
In this community **37 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **020**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5661 Maple**  
(If rural, give location)  
(e) Citizen of foreign country? **alien** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Hillel Krasner**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Rose** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug. 10, 1870**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Chernigow** **USSR**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business

12. Name **Simon David Krasovitsky**  
13. Birthplace **USSR**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Gertrude** (**UNK**)  
15. Birthplace **USSR**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Krasner**

(b) Address **2630 Burd**

17. (a) **burial** (b) Date thereof **10/18/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**  
**Berger Memorial**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **4715 Mc Pherson**

19. (a) **10-19-45** (b) **L. G. McPherson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **seventeen**  
year **1945** hour **one** minute **35** P. M.

21. I hereby certify that I attended the deceased from **January**  
**thirteen** 19**44** to **October 17** 19**45**.  
that I last saw him alive on **October seventeen** 19**45**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **General and cerebral arteriosclerosis** Duration **some years**

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

Other conditions **Hemiplegia and senile dementia** **2 years**  
(Include pregnancy within 3 months of death)

Major findings:  
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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **L. G. McPherson** (M. D. or other) \_\_\_\_\_  
Address **JEWISH SANATORIUM** Date signed **10/17/45**

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

31  
10/22/45

707

OCT 24 1945

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**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.**