

FILED NOV 19 1945
318

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9678

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 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
(Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(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? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PESSIL CHAI TARTAKOWSKY

(b) If veteran, name war. No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Joseph Tartakowsky 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 78 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Beril Sosna

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

14. Maiden name Machala

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

16. (a) Informant Anna Holzman

(b) Address 2756 Pine Grove, Chicago, Ill

17. (a) Burial (b) Date thereof 11-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director Openhandler

(b) Address 4469 Washington Blvd.

19. (a) NOV 8 1945 (b) H. Bredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1945 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 10 1945 to Nov 7 1945
that I last saw him alive on Nov 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 2 days
Due to generalized arteriosclerosis many
Due to years

Other conditions (include pregnancy within 3 months of death) 107

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? (c) Means of injury

23. Signature Joseph Maydan (M. D. or other) MD.
Address 520 W. 11th St. Date signed 11-8-45

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

10
17
9

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917
9
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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.

Not embalmed

Signed *J. B. Hendler*.....

Licensed Embalmer No. *2669*.....

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.