

FILED MAR 1 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

6952

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:
5634 Chamberlain
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MOLLIE TETTLBAUM

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female **5. Color or race** white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife David

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

7. Birth date of deceased Oct. 1st 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>4</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Nisan Newman

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

14. Maiden name Cirel

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

16. (a) Informant Mrs. Eva Urmer

(b) Address 5636 Chamberlain

17. (a) Burial, cremation, or removal burial **(b) Date thereof** 2-19-46
(Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) Date received for registration FEB 19 1946 **(b) Registrar's signature** J. F. Brudeck

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County oas

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

(d) Street No. 5634 Chamberlain
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) no

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from 27 OCTOBER 1946 to Feb. 18 1946
that I last saw her alive on 19 JAN 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE PULMONARY EDEMA

Duration 6 mos.

Due to HYPERTENSION
DEFECTIVE INTRAVENTRICULAR CONDUCTION

Due to _____

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

Major findings: NONE

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 Harry Agnes (M. D. or other) md
Address 1045 Missouri Street Bldg Date signed 18 Jan '46

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.