

No. 2
1-5-43
5-17-39
I X36671

FILED MAR 27 1946
317
Registration District No.

2002
Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6
3
5
9582

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
724 Syracuse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME Zlota Kaufman
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 Widowed
6. (b) Name of husband or wife Meyer Kaufman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 103
Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
10. Usual occupation at home

MOTHER FATHER
11. Industry or business _____
12. Name Ben Nieman
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Bernice (unknown)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Kaufman
(b) Address 724 Syracuse
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-20-46
(Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Avenue
19. (a) 3/21/46 (Date received local registrar) (b) E. W. Tawran (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 724 Syracuse
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19
year 1946 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from Feb 21 1945 to March 19 1946
that I last saw her alive on Mar 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Arteriosclerotic Disease
Due to Generalized arteriosclerosis
Duration 93d years
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy none
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 N. Taylor Date signed Mar 17/46

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 *Henry A. Kudurg*
Licensed Embalmer No. *4529*

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.