

No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18200

FILED MAR 18 1946

State File No. _____

Registrar's No. 4299

Registration District No. _____

Primary Registration District No. 1003

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

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 Hospital
(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 Hyman Bortnick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Bortnick

6. (c) Age of husband or wife if alive 49 years

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

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

About 53 hr. min.

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

10. Usual occupation Merchant

11. Industry or business General Mdse.

MOTHER FATHER

12. Name Meyer Bortnick

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

14. Maiden name Anna Pearl

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

16. (a) Informant Mrs. Gertrude Bortnick

(b) Address 6257 North Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Hindsberg

(b) Address 5216 Delmar Blvd.

19. (a) MAY 13 1946 (Date received local registrar)

J. F. Bradlee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6257 North Drive NR5
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 12, 1946 to May 12, 1946
that I last saw him alive on May 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 d.

Due to Hypertensive C-V Dis. years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 May S. Franklin (M. D. or other)

Address 727 W. Theatre Bldg. Date signed 5/13/46
St. Louis, Mo.

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: *W. E. Burgess*.....

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.