

FILED MAY 31 1946

Registration District No.

Primary Registration District No.

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:
JEWSISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether
In this community 62 years
years, months or days)

3. (a) PRINT FULL NAME Peter Shanker - (Schainker)

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 Widowed

6. (b) Name of husband or wife LOUISE 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 92 hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business.....

12. Name 12200K SCHAINKER

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

14. Maiden name PEARL

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

16. (a) Informant Mrs. P. Schainker

(b) Address 7044 Tulane

17. (a) BURIAL (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation chesed Shol Emet H.

18. (a) Signature of funeral director Ben Handley

(b) Address 4469 Washington

19. (a) MAY 21 1946 (b) J. F. Broderick
(Date received local registrar) (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from
May 9, 1946 to May 19, 1946
that I last saw him alive on May 19, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cachexia Duration

Due to Cirrhosis of liver

Due to Unknown causes

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

Major findings:
Of operations None

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)
(c) Means of injury.....

23. Signature Robert J. Cook MD (M. D. or other)

Address Jewish Hospital of St. Louis Date signed May 20, '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

W. B. Chandler

Licensed Embalmer No.

3669

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.