

18998

FILED MAY 17 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4149

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 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 ESTHER COHEN VINES

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Vines 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 55 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Morris Cohen

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

14. Maiden name Unknown

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

16. (a) Informant Sol Vines

(b) Address 7346 Forsythe

17. (c) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindorf

(b) Address 5216 Delmar Blvd.

19. (a) MAY 7 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4170 DeTonty
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 4/28 1946, to 5/7 1946.
that I last saw her alive on 5/6 at 10 PM, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-abdominal hemorrhage
Acute Peritonitis
Ruptured Peritoniculitis

Due to Acute Peritonitis

Due to Ruptured Peritoniculitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Acute Peritonitis
Of operations 17

Of autopsy 17

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? Yes (Specify type of injury) (e) 17 (M. D. or other)

23. Signature Heru Foster (M. D. or other)

Address 727 Mo. Public Bldg Date signed 5/7/46

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.....

J. P. 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.