

No. 2
-12-45
-17-39
X4730

FILED APR 14 1947 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3638

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 7 wks
(Specify whether _____)

In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME BELLA KORRINHIZER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife David Korrinhizer

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

7. Birth date of deceased November 20 1890
(Month) (Day) (Year)

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

56 4 14 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name (Unk) 'Alter'

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

14. Maiden name Helen (Unk)

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

16. (a) Informant David Korrinhizer

(b) Address 5849 Ridge

17. (a) burial (b) Date thereof 4/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) APR 7 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617

(d) Street No. 5849 Ridge
(If Rural, give location) 9

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Feb 12 1947 to April 4 1947
that I last saw her alive on April 04, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 mos.

Due to arteriosclerosis

Due to 83

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Melvin D. Kuster D. or other MD

Address 579 N. Grand Date signed April 5 1947

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

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.....

James P. Audubon
.....
Licensed Embalmer No. *7229*
.....

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.