

FILED MAY 8 1947

Registration District No. 3197

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Nursing Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs.
(Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5020 Vernon 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH SARASON

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 widowed

6. (b) Name of husband or wife Samuel Sarason 6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 72 hr. min.

9. Birthplace Kaunas Lithuania
(City, town, or county) (State or foreign country)?

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Shepard Prensky
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Becker
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)?

16. (a) Informant Harry M. Sarason
(b) Address 6758 Wise Ave

17. (a) burial (b) Date thereof 5/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) 5-5-47 (b) Paul Hines
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 28th, 1947 to April 30th, 1947; that I last saw her alive on April 30th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease acute
Duration
Due to 940
Due to

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:

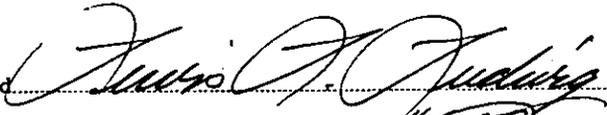
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature Paul Hines M.D. (M. D. or other)
Address Webster Groves Mo. Date signed 5/20/47

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..... 

Licensed Embalmer No..... 

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.