S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43393

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11628

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 Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days)
In this community 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Branscombe Hotel 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Yetta Pearlstone
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 26 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	24	hr. min.

9. Birthplace (City, town, or county) Roumania (State or foreign country) 6
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name (unk) Feldman 1
13. Birthplace (City, town, or county) Roumania (State or foreign country) 6
14. Maiden name (unk)
15. Birthplace (City, town, or county) Roumania (State or foreign country) 6

16. (a) Informant Paul Pearlstone
(b) Address San Antonio, Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Av.
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1947 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 4, 1944 to Dec. 20, 1947 that I last saw h. alive on Dec. 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Coronary Arteriosclerosis	6 mos.
Due to Gen. Arteriosclerosis	1 year
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy not done	

PHYSICIAN
Underline the cause of 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 0
23. Signature Harold Scheff (M. D. or other)
Address 607 N. Grand St. Louis, Mo. Date signed 12/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. 4229

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.