

FILED FEB 9 1948

318

Primary Registration District No.

1003

Registrar's No. 763

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.....
Valle Manor 5904 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **11 Days**
(Specify whether
In this community..... **72 Y rs.**
years, months or days)

3. (a) PRINT FULL NAME **Sallie Ringolsky Linzner**

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, **Widow**

6. (b) Name of husband or wife..... **Henry** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **May 1 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 23 hr. min.

9. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

12. Name..... **Louis Ringolsky**

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

14. Maiden name..... **Rose Schneider**

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

16. (a) Informant..... **Miss. Hannah Ring**

(b) Address..... **5007 Engright**

17. (a) **Burial** (b) Date thereof..... **1/27/48**
(Burial, cremation, or removal) (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) **JAN 26 1948** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5330 Pershing** **9**
12 (If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **24**
year..... **1948** hour..... **8** minute..... **40 P.M.**

21. I hereby certify that I attended the deceased from..... **Aug 19 1948** to..... **Jan 24 1948**
that I last saw **her** alive on..... **Jan 24 1948**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **Pneumonia** **4 days**

Due to..... **Cerebral Thrombosis** **7 months**

Due to..... **J**

Other conditions..... **J**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)
(e) Means of injury..... **0**

23. Signature..... **B. J. Glasberg** (M. D. or other) **J. P.**
Address..... **634 N. Grand Blvd** Date signed..... **1/26/48**

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

MOTHER FATHER

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

Lewis R. Ludwig

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.