

No. 2
-1/47
5-17-39

FILED FEB 9 1948
Registration District No. **9487**

Primary Registration District No. **3063**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7539 Cromwell
(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 SADIE BIRENBAUM

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 Widow

6. (b) Name of husband or wife Louis Birenbaum

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
About 65			hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Samuel Sacks

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 Mrs. Hymen C. Weisman

(b) Address 7539 Cromwell

17. (a) Burial (b) Date thereof: 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Herman Rudolph, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) 1-24-48 (b) Conrad Shapka
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7539 Cromwell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 6 minute 55 a.m.

21. I hereby certify that I attended the deceased from 1922 19 _____ to Jan 24 19 48
that I last saw him alive on Jan 23 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death: Stypostatic Pneumonia 3 days

Due to Coronary Occlusion 8 days

Due to 940

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature B B Lewin (M. D. or other) _____

Address 440 N Jay Lov Date signed 1-25-48

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. 3480
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.