

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: 5817 Cabanne /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 yrs. (Specify whether
 In this community _____ years, months or days)

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. 5817 Cabanne 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ZIVIE KOTLER

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 Widowed
 6. (b) Name of husband or wife Aaron 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Years ab. 80 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name (unk) Brownstein 6
 13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
 14. Maiden name (unk)
 15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. Greenspoon
 (b) Address 7210 Stanford

17. (a) Burial (b) Date thereof 6/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

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

19. (a) JUN 28 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7/1, 1944, to June 25, 1948;
 that I last saw h. lx alive on June 24, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
Arteriosclerotic heart disease
 Duration 2 yrs
2 yrs

Due to _____
 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? 1
(Specify type of place) (e) Means of injury _____

23. Signature Barrett L. Tauson (M. D. or other) md
 Address 4570 Olive Date signed June 25

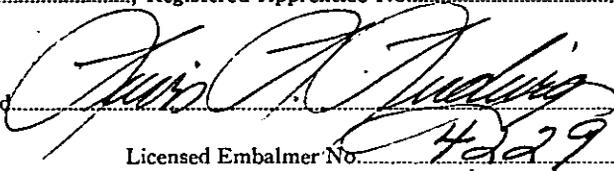
STATEMENT BY LICENSED EMBALMER

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.