FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24171

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6890

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 Hospital
(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)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6401 North Drive 5
(If rural, give location)
NR 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JENNIE CHORLINSKY
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 2
6. (b) Name of husband or wife David Chorlinsky
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 83			hr. min.

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

MOTHER
12. Name
13. Birthplace Russia
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Chorlinsky
(b) Address 6401 North Drive
17. (a) Burial (b) Date thereof 8-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) AUG 5 - 1948 (b) J. F. Bulech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1948 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Aug 23, 1943 to Aug 4, 1948, that I last saw him alive on Aug 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Arterio-Sclerotic Heart Dis.	5 yrs
Due to (b) Art. Sclerosis	—
Due to (c)	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur E. Stroud (M. D. or other)
Address 539 N Grand Date signed 8/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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. 4053

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.