

FILED SEP 20 1948

**318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(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 Orthodox Old Folk's Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 5  
(Specify whether years, months or days)

In this community 30 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1438 E. Grand  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACOB KRIVOV

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1948 hour 11:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 1, 1948, to July 6, 1948  
that I last saw him alive on July 16, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

Immediate cause of death Atherosclerosis - Coronary  
Due to Coronary thrombosis  
Due to \_\_\_\_\_

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

8. AGE: Years ab. 75 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name (unk)

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

14. Maiden name (unk)

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

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 \_\_\_\_\_

16. (a) Informant Me. A. Krivov

(b) Address 5841 Cabanne

17. (a) Burial (b) Date thereof 9/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

23. Signature Wm. Ross (M. D. or other) (unk)  
Address 1918 South St. Date signed \_\_\_\_\_

19. (a) SEP 8 1948  
(Date received local registrar's report)

J. F. Braddock  
(Registrar's signature)

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

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**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.....

*Wm. Ludwig*  
4889

Licensed Embalmer No.....

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.**