

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

FILED OCT 1 1948
Registration District No. 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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks
(Specify whether)

In this community 27 yrs.
years, months or days

3. (a) PRINT FULL NAME ROSE SOKOLIK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased May 27 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Max Taff

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

14. Maiden name (unk)

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

16. (a) Informant Mr. Abe Sokolik

(b) Address 830 Purdue

17. (a) Burial (b) Date thereof 9/19/48
(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

19. (a) SEP 19 1948 (b) J. T. Breddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. N.R. 7045 Amherst
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1948 hour 12:55 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 18 1947 to Sept 17 1948
that I last saw her alive on Sept 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 7 days

Due to Arteriosclerosis, Generalized years _____

Due to Diabetes Mellitus " _____

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

Major findings: 4/1

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Jos. M. Orenstein (M. D. or other)
Address 6440 N. Taylor Date signed 9/17/48

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 *Lewis 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.