

FILED DEC 31 1948

Registration District No. _____

Primary Registration District No. 2063

Registrar's No. 2200

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:
6318 S. ROSEBURY
(If not in hospital or institution, write street number or location)

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

In this community 4 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

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

(d) Street No. 6318 S. ROSEBURY
(If rural, give location)

(e) Citizen of foreign country? _____ (No)

If yes, name country _____

3: (a) PRINT FULL NAME REBECCA HENDIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife BENJAMIN HENDIN

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

7. Birth date of deceased NOV. 20 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>-</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name AARON BERKOV

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

14. Maiden name MOLIKA LEVY

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

16. (a) Informant Nancy Hendin

(b) Address 726 Westgate

17. (a) Burial (b) Date thereof 12-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESED SHEL EMETH

18. (a) Signature of funeral director Ovenhandler

(b) Address 5010 E. Wright Ave.

19. (a) 12-17-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov 10,
1946, to Dec 15, 1948

that I last saw her alive on 12-15-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arteriosclerosis

Duration 12 yrs
12 yrs
12 yrs
25 yrs

Due to Hypertension
Diabetes Mellitus

Due to 61

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature M. J. Golden (M. D. or other) _____

Address 508 W. Grand Date signed 12/16/48

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

16
2
3

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.....

W. J. Schandler

Licensed Embalmer No.....

3669

P. O. Address.....

5010 Enright

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.