

REGD SEP 14 1939 791

Registration District No. 1003

Primary Registration District 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: Jewish Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 wks
(Specify whether years, months or days)

In this community 33 yrs
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Jennie Biletsky 432

8. (b) If veteran, name war X

8. (c) Social Security No. X

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Mike Biletsky

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

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

8. AGE: Years AB 54 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace U.S.S.R
(City, town, or county) (State or foreign country)

10. Usual occupation et home

11. Industry or business _____

MOTHER FATHER { 12. Name HARRY CRYSTAL

13. Birthplace U.S.S.R
(City, town, or county) (State or foreign country)

14. Maiden name FAY (UNK)

15. Birthplace U.S.S.R
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mike Biletsky

(b) Address 1419 Burd

17. (a) burial (b) Date thereof 8/27/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESED SHEW EMETH

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) AUG 27 1938 (b) J. D. Bricker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1419 Burd
(If rural, give location)

(e) If foreign born, how long in U. S. A. 33 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1939 hour 12:55 AM minute _____ M.

21. I hereby certify that I attended the deceased from 8/15/39 to 8/26, 1939

that I last saw her alive on 8/26/39, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death spontaneous rupture of lower extremities Duration _____

Due to MI

Due to MI

Other conditions coronary occlusion cerebral thrombosis
(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 _____

23. Signature Sam Schneider (M. D. or other) _____
Address Jewish Hospital, St. Louis Date signed 8/26/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

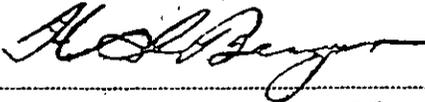
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

H. I. BERGER

Registered Apprentice No.....

working under my personal supervision.



Signed.....

Licensed Embalmer No. 1597

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, above space should be left blank.