

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.

NOV 13 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1
(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 2 weeks
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5932 Cates Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Sarah Ellman

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

6. (b) Name of husband or wife
Louis Ellman

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 80 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Victor Glassman

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Ben Ellman

(b) Address 900 Island

17. (a) Burial (b) Date thereof 10-3-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Belmont Blvd

19. (a) OCT 3 1939 (b) J. T. [Signature]
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1939 hour 2 minute 25^A M.

21. I hereby certify that I attended the deceased from Aug 31 to Oct 2, 1939
that I last saw sw alive on Oct 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Broncho Duration _____

Due to Senile

Due to Arterio Sclerosis

Other conditions hypertension chronic

Major findings:
Of operations 131
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)
(c) Means of injury Ham
23. Signature Herman Rudolph (M. D. or other) 1
Address Mo 12th Date signed 10-3-39

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 C. W. Cooper

Licensed Embalmer No. 3830

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.