

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo  
(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 1 day  
In this community 45 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 1438 East Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1940 hour 1 minute 50 A.M.  
21. I hereby certify that I attended the deceased from February  
1940 to July 31, 1940  
that I last saw h. or alive on July 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Stroke  
Duration 1 day

Due to Arteriosclerosis

Due to Cardio-renal vascular disease

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

Major findings: Of operations MI  
Of autopsy MI  
PHYSICIAN MI  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: MI

(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 Joe M. Orestein (M. D. or other) \_\_\_\_\_  
Address 5300 Easton Ave Date signed 7/31/40

3. (a) PRINT FULL NAME Rebecca - Novack 100

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 married

6. (b) Name of husband or wife Benjamin Novack 6. (c) Age of husband or wife if alive 75 years

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

8. AGE: Years about 60 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business House wife

12. Name Jacob Levy

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

14. Maiden name Levy

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

16. (a) Informant Mrs Dorothy Longmatt

(b) Address 4839 Anderson av

17. (a) Burial (b) Date thereof 7-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Smith

18. (a) Signature of funeral director Debrah Miller

(b) Address 4469 Washington Blvd

19. (a) JUL 31 1940 (b) J.F. Brebeck  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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.....

*myself*  
working under my personal supervision.

....., Registered Apprentice No.....

Signed

*W. B. Benhandler*  
.....  
Licensed Embalmer No. *3669*

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.**