

13-40
7-39
X23159

NOV 16 1940
Registration District No. 791

Primary Registration District No.

Registrar's No.

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

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: 5867 Plymouth 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 51 yrs.
years, months or days)

3. (a) PRINT FULL NAME Isaac Peskind

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Peskind 6. (c) Age of husband or wife if alive 64 years

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

8. AGE: Years Months Days If less than one day
about 68 -- -- .hr. min.

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

10. Usual occupation Retired

11. Industry or business Dry Goods

12. Name Joseph Peskind

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 Paul Peskind

(b) Address 5867 Plymouth

17. (a) Burial (b) Date thereof 20-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedreth Agood

18. (a) Signature of funeral director Norman Kindeloff

(b) Address 5216 Delmar Blvd.

19. (a) 130 (b) J. P. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5867 Plymouth Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 51 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1940 hour 1:00 A minute M.

21. I hereby certify that I attended the deceased from October 7, 1940 to Oct 6th, 1940
that I last saw him alive on Oct 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Due to.....

Due to.....

Other conditions Asbestosis
(Include pregnancy within 3 months of death)
Emphysema - & Asthma

Major findings:
Of operations.....

Of autopsy.....

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)
(or) Means of injury.....

23. Signature H. J. Maciejko (M. D. or other)

Address 1300 Club Rd Date signed Oct 6 1940

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

Chas. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *5216 Delma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.