

Registration District No. **791**

Primary Registration District No. **1003**

019
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:
6150 Kingsbury
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Tena Landau Aronson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Gustave Aronson

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

7. Birth date of deceased April 17, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 11 10 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jean Landecker

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Marion Werner

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

16. (a) Informant Mrs. Bertha Freed

(b) Address 6150 Kingsbury

17. (a) Burial (b) Date thereof 3/28/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Hebrew

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAR 28 1941 (b) J. M. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
17
95

(a) State Missouri (b) County _____

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

(d) Street No. 6150 Kingsbury
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1941 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 21, 1940, to March 27, 1941
that I last saw her alive on Feb 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arterio-sclerotic

Due to Cardio-vascular disease

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

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) (e) Means of injury _____

23. Signature L. J. Taylor (M. D. or other) MD
Address 462 N. Taylor Date signed 3/27/41

Duration Instant
Death

5 yd+

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 1597

P. O. Address ST. LOUIS

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.