

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3603

I. PLACE OF DEATH:

(a) County St. Louis
(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 6 days
In this community 19 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 5533 Cote Brilliant
(If rural, give location) 19 Years
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 12 minute 1 A.M.
21. I hereby certify that I attended the deceased from April 20 1941 to April 27 1941;
that I last saw him alive on April 26 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 4/19/41

Due to Pneumococcus type 7x

Due to _____

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

Major findings: Of operations _____

Of autopsy 107

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 1

23. Signature Albert E. Tausig (M. D. or other) MD
Address 4500 Olive St. Date signed 4/27/41

8. (a) PRINT FULL NAME Wolf Gellerman

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Gellerman 6. (c) Age of husband or wife if alive 70 years

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

8. AGE: Years Abt. 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Reverend

11. Industry or business _____

12. Name Vitzchuk Gellerman

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

14. Maiden name RITZI

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

16. (a) Informant Mrs Bessie Brown
(b) Address 834 N. Kingshighway

17. (a) Burial (b) Date thereof 4-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Chenhandler

(b) Address 4469 Washington

19. (a) APR 28 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

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7
9

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.