

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
Jewish Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 7 weeks  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 000  
 (If outside city or town limits, write "RURAL") 1917  
 (d) Street No. 4548 Forest Pk. Blvd. 9  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
 year 1941 hour 12:05 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from  
4/28 1941 to 5/15 1941  
 that I last saw him alive on 5/15 1941  
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JACOB GREEN  
 3. (b) If veteran, name war \_\_\_\_\_ 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 Annie Green 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased unknown  
 (Month) (Day) (Year)

Immediate cause of death  
Perforated diverticulum of sigmoid 19 days  
 Due to Generalized Peritonitis 18 days  
 Due to Acute Hepatitis, toxic 7 days

8. AGE: Years Months Days If less than one day  
about 54 -- -- .hr. min.

Other conditions (Include pregnancy within 3 months of death) 123:1  
 Major findings: Perforated diverticulum with Peritonitis  
 Of autopsy Same as above  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace New York N.Y.  
 (City, town, or county) (State or foreign country)

10. Usual occupation proprietor

11. Industry or business Restaraunt

12. Name Sigmund Green

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

14. Maiden name Sophie Berger

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

16. (a) Informant Mrs. Annie Green

(b) Address 4548 Forest Pk. Blvd.

17. (a) Burial (b) Date thereof 5-16-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) MAY 16 1941 (b) J. T. Bredeck  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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 E. Sigaloff (M. D. or other) Dr.  
 Address 622 1/2 Delmar Blvd. Date signed 5/15/41

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

**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 Delmar*

**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.**