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13-40  
17-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

1. 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: **5644 Etzel**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **58yrs**  
years, months or days

3. (a) PRINT FULL NAME **Wolf Wishnuff**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **no**

4. Sex **male /** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Rebecca Wishnuff**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**ad. 77** hr. min.

9. Birthplace **Komenitz Volhynia - Russia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Sexton**

11. Industry or business **Synagogue**

12. Name **Naphtalie Wishnuff**

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

14. Maiden name **Walka Sanders**

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

16. (a) Informant **Mrs. Rose Siegel**

(b) Address **5644 Etzel**

17. (a) **burial** (b) Date thereof **6/15/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **Jan 14 1941** (b) **J. T. Braddock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis 000**  
(c) City or town **St. Louis 17**  
(If outside city or town limits, write "RURAL") **59**  
(d) Street No. **5644 Etzel**  
(If rural, give location)  
**Citizen**  
(e) If foreign born, how long in U. S. A.? **58** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**  
year **1941** hour **3** minute **50** A.M.

21. I hereby certify that I attended the deceased from **JAN. 22**  
\_\_\_\_\_, 19**41**, to **JUNE 14**, 19**41**;  
that I last saw him alive on **JUNE 14**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**PULMONARY OEDEMA**

Due to **HYPERTENSION 50**

Other conditions: **(1) CHRONIC LYMPHATIC LEUKEMIA**  
(Include pregnancy within 3 months of death)  
**(2) CARCINOMA OF BREAST**

Major findings:  
Of operations **NONE**

Of autopsy \_\_\_\_\_

Duration  
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) **IVD**

(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 **Harry Agreza** (M. D. or other) **md.**  
Address **634 N. Grand** Date signed **6/14/41**

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

JUL 9 1941

**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.....

**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.**