

FILED MAY 28 1942 91

Registration District No.

Primary Registration District No.

Registrar's No. 4328

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:
1614 Semple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1614 Semple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jake Gralnick

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 Ida Gralnick 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
ab. 84 hr. min.

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

10. Usual occupation Retired

11. Industry or business Shoe Merchant (Retail)

MOTHER FATHER { 12. Name Hyman Gralnick
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Ronia Holtzman
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant R. R. Gralnick
(b) Address 5747 Westminster

17. (a) burial (b) Date thereof 5/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAY 17 1942 (b) J. J. Bradach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1942 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 2
1940 to May 15 1942
that I last saw h. im alive on May 10 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Central Nervous Duration

Due to arteriosclerosis

Due to Heart
Other conditions Heart
(Include pregnancy within 3 months of death)
Major findings: Heart
Of operations.....
Of autopsy.....

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) (c) Means of injury.....

23. Signature aguelman (M. D. or other) md
Address 634 N. Grand Date signed 5/15/42

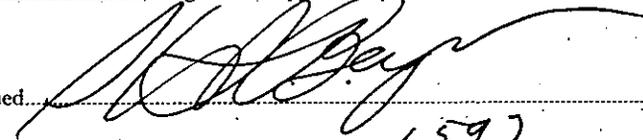
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
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.

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.