

FILED JUN 22 1942

5097

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:
1471a Clara /
(If not in hospital or institution, write street number or location)

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

In this community 37 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1471a Clara
(If rural, give location)

Registered Alien

(e) Citizen of foreign country: 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Fannie Tabachnic

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 12 minute 45 P.M.

4. Sex female /

5. Color or race white

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

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

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

7. Birth date of deceased July 15 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>26</u> hr. min.

Immediate cause of death Fracture of left base of vertebrae, ruptured when deceased slipped and fell into the bathtub in basement of his home on May 31st 1942 about 11:45-12:00 P.M.

Duration.....

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

9. Birthplace (unk) Russia 6
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER

12. Name (unk)

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name (unk)

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Tabachnic

(b) Address 1486 Blackstone

17. (a) burial (b) Date thereof 6/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 31 1942

(c) Where did injury occur? at home 000
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 12 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

While at work..... (Specify type of place)

(c) Means of injury fall

23. Signature Alfred Perry (M. D. or other)

Address..... Date signed 6/12/42

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

6008
17
9

844

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.