

FILED JUL 6 1942 791

Registration District No. _____ Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0097
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 127
(d) Street No. 1144 Bayard (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Burstein

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Isidor Burstein 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
Abt. 68 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Zolmon

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

14. Maiden name Unknown

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

16. (a) Informant Isidor Burstein

(b) Address 1144 Bayard

17. (a) Burial (b) Date thereof 6-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cheyrah Kadisha

18. (a) Signature of funeral director Open handle

(b) Address 4469 Washington

19. (a) 1144 Bayard (b) J. J. Prudek (Registrar's signature)

(Date received local registration) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from 5/18 1942 to 6/22 1942
that I last saw h. alive on 6/22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus septicaemia Duration 5 wks.

Due to _____
Due to 1/21

Other conditions Nephritis - chronic
(Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury _____

23. Signature Louis Cohen (M. D. or other) 0

Address State Bldg. St. Louis Date signed 6/23/42

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

00
17
9

MOTHER FATHER

544

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 _____

H. J. Penhender
Licensed Embalmer No. *2669*

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.