

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1564

96  
35  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH St. Louis

(a) County Maplewood

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home #2200 Bredell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 5844 Page  
(If rural, give location)

(e) Citizen of foreign country Alien # (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anne Koltun

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

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

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

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

7. Birth date of deceased unk  
(Month) (Day) (Year)

8. AGE: Years About 56 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bessarabia U.S.S.R. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isaac Shakomsky

13. Birthplace U.S.S.R. 6  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Leah (unk)

15. Birthplace U.S.S.R. 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Isadore Koltun

(b) Address 5844 Page

17. (a) burial (b) Date thereof 7/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address JUL 21 1942

19. (a) (Date received local registrar) (b) (Registrar's signature) X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from February 1942 to July 20 1942  
that I last saw her alive on July 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arteriosclerosis

Due to Previous Cerebral Apoplexy Attacks 4 months

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of none

PHYSICIAN 83a1

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? \_\_\_\_\_

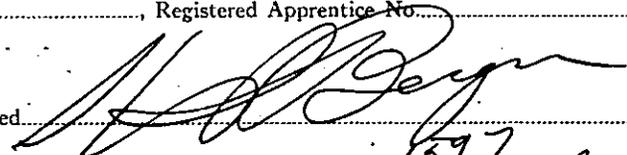
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Jos. M. Orenstein (M. D. or other) \_\_\_\_\_  
Address 4500 Olive Street Date signed \_\_\_\_\_

**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. 597

P. O. Address 4715 McAdams

**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.