

**FILED MAR 20 1943 18**

Registration District No. .... Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community 26 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 12 6

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

(d) Street No. 5806a Wabada  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ISADORE Resnick (Rsshetnick)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 20 years (Month) (Day) (Year)

7. Birth date of deceased Sept 20 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 5 28 hr. min.

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

10. Usual occupation Cleaning Business

11. Industry or business Cleaning Clothes

MOTHER { 12. Name Abraham Resnick

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

14. Maiden name Chana Neoham

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

16. (a) Informant Mrs Wm Greenpan

(b) Address 5806a Wabada

17. (a) Burial (b) Date thereof 3 19 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Unshandler

(b) Address 4469 Washington

19. (a) MAR 19 1943 (Date received local registrar)

J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1943 hour 8:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 18, 1943

that I last saw him alive on March 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to Intestinal Obstruction + Post-operative Pneumonia

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 122

Major findings: Cause of obstruction of operations + undeveloped at operation

Of autopsy not obtained

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) (Specify means of injury)

23. Signature Wm Greenpan (Date received local registrar)

Address 1515 Lafayette Ave. Date signed 3/18/43

**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

*W. Z. Kennerly*

Licensed Embalmer No. *3669*

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.**