

LED OCT 2 - 1943 318

1003

Registration District No. _____

Primary Registration District 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: Glenn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 38

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MAC
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9 17 9
(d) Street No. 1738 East Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DORA SCHUMITZKY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife LATE ABRAHAM SCHUMITZKY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years About 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business House work
12. Name EPHRAIM PLOTKIN
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Elka P.
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Alex Schumitzky
(b) Address 6309 - 57th St
17. (a) Buried (Burial, cremation, or removal) (b) Date of death Sept 27 43
(Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emet
18. (a) Signature of funeral director Charles E. H.
(b) Address 4469 Washington Blvd.
19. (a) SEP 26 1943 (Date received local registration) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1943 hour 2 minute 10 - A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1943 to Sept 9/24, 1943
that I last saw her alive on 9-24-43 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDIUS Duration
GENERALIZED ARTERIOSCLEROSIS

Due to _____
Due to _____
Other conditions (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 Max Goldanson (M. D. or other) M.D.
Address Metairie, La. Date signed 9-25-43

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

MOTHER FATHER

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. J. Benham
Licensed Embalmer No. 3069
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.