

OCT 19 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

8924

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
HOME - 1158 BLACKSTONE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 42 YEARS
 years, months or days

3. (a) PRINT FULL NAME FANNIE ADLER3. (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 Widow
 6. (b) Name of husband or wife PAUL ADLER 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased UNKNOWN
 (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
<u>abt 75</u>				hr. _____ min.

9. Birthplace RUSSIA
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE11. Industry or business HOUSE WORK12. Name VISHA SCHWARTZ DEN13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)14. Maiden name DEVERA15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)16. (a) Informant Jack Adler(b) Address 4525 Fundell17. (a) 136 RIAL (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shal EMETH18. (a) Signature of funeral director Chesed Shal EMETH(b) Address 4469 Washington19. (a) OCT 9 1943 (b) J. J. Baneck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1158 BLACKSTONE
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1943 hour 1 minute 43 P.M.21. I hereby certify that I attended the deceased from 3/1/40
to 10/8
that I last saw her alive on 10/8
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion
Duration _____Due to Arterio-SclerosisDue to chronic infarcted reparative 5 yrsOther 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) Means of injury _____

23. Signature Wm E. Orst (M. D. or other) _____Address Metropolitan Date signed 10/9/43

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

H. G. Olenhandley

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.