

FILED OCT 22 1943

State File No. _____

9024

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5511 Cabanne
(If rural, give location)
(e) Citizen of foreign country? Reg Alien (Yes or No)
If yes, name country Canada

3. (a) PRINT FULL NAME Sadie Winocur

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 (unk)
6. (b) Name of husband or wife Samuel Winocur
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased January 14 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 8 29 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Moses Hessel Fratkin

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

14. Maiden name Hinda Levenov

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

16. (a) Informant Ely Margolis

(b) Address 5511 Cabanne

17. (a) burial (b) Date thereof 10/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) OCT 13 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 1 1/2 years
_____ 19____ to _____ 19____;
that I last saw him alive on Oct 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia, Duodenal Fibriilation

Due to Rheumatic Heart Dis.

Due to C.P.S. of Liver, Pan. Anisocyt + a biob. Chd. Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes

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 0

23. Signature M. J. Bator (M. D. or other)
Address Mo. Health Bldg. Date signed 10/13/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 1597

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.