

Registration District No. **318** Primary Registration District No. **1003**

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:  
**DePaul Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Week**  
(Specify whether  
In this community **45 Years**  
years, months or days)

3. (a) PRINT FULL NAME **JENNIE CUTTER**  
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 **Married**  
6. (b) Name of husband or wife **Joseph Cutter** 6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **May 31 1894**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** ~~2~~ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **6 Russia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housework**

12. Name **Nathan Greenberg**

13. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gittel**

15. Birthplace **Russia 6**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Cutter**  
(b) Address **1472 Laurel**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-27-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Chased Shel Emeth**

18. (a) Signature of funeral director **Open handle**  
(b) Address **4469 Washington**

19. (a) **JAN 26 1944** (Date received local registrar) (b) **J. F. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 9 6**  
(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1472 Laurel**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25**  
year **1944** hour **3** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Jan 22 1944** to **Jan 25 1944**  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis**  
**following Hypertension**  
Due to \_\_\_\_\_  
Due to **1 2 44**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **Hypertension 44**  
Of operations **Jan 21 44**  
Of autopsy **Dr. Willy Pontlett**

Duration \_\_\_\_\_  
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) **L**  
(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 **J. F. Bredbeck** (M. D. or other) \_\_\_\_\_  
Address **539 n grand** Date signed **Jan 26/44**

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. B. Benhandli*.....

..... 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.**