

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

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X35997

16378

FILED MAY 25 1944 8

State File No. _____
Registrar's No. 4525

Registration District No. _____ 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: 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City
(If outside city or town limits, write "RURAL?")

(d) Street No. 745 Eastgate
(If rural, give location) N.R.

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophia Greenblatt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from May 6, 1944, to May 15, 1944, that I last saw her alive on May 15, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Morris Greenblatt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death: Coronary occlusion Duration 9 days.

8. AGE: Years about 67 Months -- Days -- If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9H

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Bartfeld (b) Address 7925 Teasdale

17. (a) Burial (b) Date thereof 5-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindorf (b) Address 5216 Delmar Blvd.

19. (a) MAY 16 1944 J. F. Brudack
(Date received local registrar) (Registrar's signature)

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 Herwig M. Meyer (M. D. or other) M.D.
Address 508 N. Grand Date signed 5/15/44

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

John Ketterer

Licensed Embalmer No. *3830*

P. O. Address. *4355 Washington*

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.