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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1085

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL ST. FERDINAND TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days  
(Specify whether years, months or days)

In this community 30 years

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. 2025 Carr st.  
(If rural, give location)

(e) Citizen of foreign country alien # 1789426 (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NATHAN SEREBRENICK

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Goldie Serebrenick 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 17, 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10<sup>th</sup> year 1944 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from April 16 1944 to May 10 1944; that I last saw him alive on May 10<sup>th</sup> 1944; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Pulmonary edema Duration 5 days  
Pulmonary Emphysema  
Generalized Atherosclerosis 5 years fiber history

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Chernigow U.S.S.R.  
(City, town, or county) (State or foreign country)

10. Usual occupation tailor

11. Industry or business mens clothing

12. Name Isaac Serebrenick

13. Birthplace Unknown U.S.S.R.  
(City, town, or county) (State or foreign country)

14. Maiden name Deborah (unk)

15. Birthplace Unknown U.S.S.R.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Arnowitz

(b) Address 2719 Dickson st.

17. (a) burial (b) Date thereof 5/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director \_\_\_\_\_

(b) MAY 12 1944 McPherson ave.

19. (a) \_\_\_\_\_ (b) E. J. McPherson, M.D.  
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations none

Of autopsy none 1066

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address JEWISH SANATORIUM Date signed 5/10/44

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

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**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.**