

FILED MAR 23 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2359

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 B
(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 MO (b) County 000
(c) City or town ST. LOUIS 12 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5806 Kennerly
(If rural, give location)
(e) Citizen of foreign country? P (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BABY GIRL PETROFSKY

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

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

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

9. Birthplace ST. LOUIS MO _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name MILTON PETROFSKY
13. Birthplace ST. LOUIS - MO _____
(City, town, or county) (State or foreign country)
14. Maiden name JEAN MALEVSKY
15. Birthplace VINCENNE IND _____
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Petrofsky
(b) Address 5806 Kennerly

17. (a) BURIAL (b) Date thereof 3-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Chenhamler

(b) Address 4467 W. Washington

19. (a) MAR 13 1945 _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1945 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw her alive on March 9 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: atelectasis of lungs -
prematurity

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____
Of autopsy _____

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) _____
(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 Hand Petrofsky (M. D. or other) _____
Address 462 N. Taylor Date signed 3/12/45

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

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.

Not Embalmed

Signed *J. B. Bernhard*.....

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.