

FILED NOV 3 1945 STANDARD CERTIFICATE OF DEATH

34591

State File No.

Registrar's No. 2509

Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution JEWISH SANATORIUM
(d) Length of stay: In hospital or institution 4 months
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 5598c Etzel ave.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Meyer Fershter

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 widower

6. (b) Name of husband or wife Dora Fershter 6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown

8. AGE: Years about 70 Months Days If less than one day hr. min.

9. Birthplace Podolia U.S.S.R.

10. Usual occupation restauranteur

11. Industry or business

12. Name Baruch Fershter

13. Birthplace U.S.S.R.

14. Maiden name Biana

15. Birthplace U.S.S.R.

16. (a) Informant Manuel Fershter

(b) Address 5598c Etzel ave.

17. (a) burial (b) Date thereof 11/1/45

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) 11-1-45 (b) E. M. Baranov

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day thirty year 1945 hour nine minute 15 P.M.

21. I hereby certify that I attended the deceased from June 24 1945, to October 30 1945; that I last saw him alive on October 30 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: 1) Hypertensive and arterio-sclerotic heart disease
2) Cerebral arterio-sclerotic/hemiplegia
3) Terminal Pneumonia

Duration since years
6 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Major findings: Of operations
Of autopsy none

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?
(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 [Signature] (M. D. NEBBERY)
Address JEWISH SANATORIUM Date signed 10.30.45

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.

Signed.....

Licensed Embalmer No. *1397*

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.