

FILED JUN 20 1946

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 124

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6461 Alamo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6461 Alamo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Fishbein

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife James J. Fishbein 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 9 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 25 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Saul Lickhalter
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Rachel (unk)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.F. Rudy
(b) Address 5851 Nina Place

17. (a) burial (b) Date thereof 6/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Sheb Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
(c) 6-8-46 (b) E.D. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 13 1928 to June 4 1946
that I last saw her or alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
head disease Duration 18 yrs

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations.....
Of autopsy.....
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 Arthur E. S. Small (M. D. or other)
Address 539 N. Grand Date signed 6/8/46

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

JAN 3 1981

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

Quinn J. Judwig

Licensed Embalmer No. 4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.