

FILED JUL 12 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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 10 days
(Specify whether
In this community 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1614 Burd Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAM DAREVSKY
(b) If veteran, name war No
(c) Social Security No. No

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mollie
6. (c) Age of husband or wife if alive about 1872 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 74 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business

12. Name Jacob Darevsky

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

14. Maiden name Ruth (Unk)

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

16. (a) Informant Mr. Max Darevsky

(b) Address 6324 Southwood

17. (a) Burial (b) Date thereof 6/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevre Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address \$ 4715 Mc Pherson

19. (a) JUN 30 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 6/18
1946 to 6/28 1946

that I last saw him alive on 6/28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Ruptured

Duration
10 days

Due to Ruptured gall bladder stones

Due to

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations

Of autopsy Ruptured gall bladder
Peritonitis

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 Maxime H. Sebaste M.D.
Address Jewish Hospital, St. Louis Date signed 6/28/46

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

20516

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.....

.....
working under my personal supervision.

Signed *Lewis H. Ludwig* Registered Apprentice No.

Licensed Embalmer No. 4229

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.