

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 28362

Registration District No. 917

Primary Registration District No. 6076

Registrar's No. 1724

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Rural: Airport 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 1 3/4 months
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6415 Enright
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MOBRES RAIN

3. (b) If veteran, name war No

3. (c) Social Security No. (unk)

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

6. (b) Name of husband or wife Fannie Rain 6. (c) Age of husband or wife if alive unknown years

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

8. AGE: Years Months Days If less than one day

ab 50 hr. min.

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

10. Usual occupation Cutter

11. Industry or business _____

12. Name Jacob Rain

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

14. Maiden name (Unknown)

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

16. (a) Informant Rabbi Louis R. Levy

(b) Address 766 Kingsland

17. (a) burial (b) Date thereof 8/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 8-20-46 (b) E. A. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day seventeen
year 1946 hour five minute 5 P.M.

21. I hereby certify that I attended the deceased from June 21
1946 to August 17 1946
that I last saw him alive on August 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis Duration 2 1/2 hours

Due to cerebral and general arterio-sclerosis

Due to 938

Other conditions arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

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 5

Signature Helig Simon (M. D. or other) _____
Address JEWISH SANATORIUM Date signed 8/17/46

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

16
0
0

27201

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 *Lawrence J. Kline*

Licensed Embalmer No..... 3988

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.