

FILED DEC 31 1946

Registration District No. **31**

Primary Registration District No. **3063**

Registrar's No. **3560**

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town CLAYTON MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7557<sup>A</sup> BUCKINGHAM COURT 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 24 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 9<sup>1/2</sup>

(c) City or town CLAYTON MO.  
(If outside city or town limits, write "RURAL")

(d) Street No. 7557<sup>A</sup> BUCKINGHAM COURT 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nathan Elbein

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-18-8678

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife ROSE ELBEIN

6. (c) Age of husband or wife if alive 32 years  
(Day) (Year)

7. Birth date of deceased DEC-25-1908  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Russia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business USED CAR DEALER

12. Name MAX ELBEIN

13. Birthplace Russia 1  
(City, town, or county) (State or foreign country)

14. Maiden name ESTNER HARRIS

15. Birthplace Russia 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Elbein

(b) Address 1979<sup>A</sup> Blvd. Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Overk under Funeral Home

(b) Address 4469 Washington Blvd.

19. (a) 12-26-46 (Data received local registrar)

(b) Chas. G. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1946 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from April  
1945 to Dec 19 1946  
that I last saw him alive on Dec 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1 1/2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 94%

Other conditions \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature Arthur E. Straub (M. D. or other)

Address 539 N. Grand Date signed 12/20/46

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

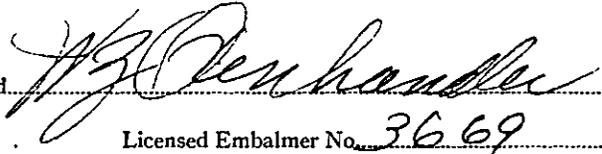
APR 22 1947

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**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. 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.