

No. 2  
-12-45  
5-17-39  
I X47970

**FILED DEC 24 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4845a Page**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **52 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4845a Page**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Rebecca Tobias Sacks**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No No**  
4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Morris Sacks** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 9 1871**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **DEC** day **7th** year **1946** hour **6** minute **40 p.M.**  
21. I hereby certify that I attended the deceased from **Nov 16 1946**, 19\_\_\_\_, to **Dec 7 1946**, that I last saw h. **er** alive on **Dec 7 1946** and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic myocarditis** Duration ?

8. AGE: Years Months **28** 75 10 **28** If less than one day hr. \_\_\_\_\_ min.

Due to **Arteriosclerosis** ?  
Due to \_\_\_\_\_

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

Other conditions **Asthma** 20 yrs.  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name **David Pienick (Tobias)**  
13. Birthplace **Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rona (unk)**  
15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jules Sacks**  
(b) Address **4845a Page**  
17. (a) **burial** (b) Date thereof **12/10/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Beth Ham Hag**  
18. (a) Signature of funeral director **Berger Memorial**  
(b) Address **4715 McPherson**  
19. (a) **DEC 10 1946** **J. F. Bredest**  
(Date received local registrar) (Registrar's signature)

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 **Carl Ottland** (M. D. or other) **M.D.**  
Address **3248 Lafayette** Date signed **12/9/46**

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

MOTHER FATHER

0011  
617  
9  
0

9/26/46

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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.....

*James T. Anderson*  
.....

Licensed Embalmer No. 4329

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.**