

**FILED MAR 11 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
**5911 Etzel Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis** **517**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5911 Etzel Avenue** **9**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **ALEXANDER PEARLSTONE**

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month **Feb** day **27** year **1947** hour **3** minute **9** M.  
 21. I hereby certify that I attended the deceased from **Feb 23** to **Feb 27**, 19**47**, that I last saw him alive on **Feb 23**, 19**47**, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife..... **Sarah Pearlstone**  
 6. (c) Age of husband or wife if alive **52** years  
 7. Birth date of deceased. **Dec. 26** **1887**  
(Month) (Day) (Year)

Immediate cause of death..... **Coronary thrombosis**  
 Due to..... **Chronic cardiac disease**  
 Due to.....  
 Other conditions..... **95-C**  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>2</b>	<b>1</b>	..... hr. .... min.

9. Birthplace..... **Russia**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... **Druggist**

11. Industry or business..... **Unknown**

**MOTHER** { 12. Name..... **Unknown**  
 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..... **Sam Honigberg**  
 (b) Address.....  
 17. (a) **Burial** (b) Date thereof..... **3-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Chesed Shel Emeth Cem.**

18. (a) Signature of funeral director..... **H. Rudistky, Inc**  
 (b) Address..... **5216 Delmar Blvd.**  
 19. (a) **FEB 27 1947** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations.....  
 Of autopsy.....

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..... **A. M. Grant** (M. D. or other) **MD**  
 Address..... **605 Grand St** Date signed **2/27/47**

Duration  
 1 hr  
 1 yr  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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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.....

*H. P. Burgess*

Licensed Embalmer No. 4029

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.**