

FILED FEB 17 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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 26 years
years, months or days)

3. (a) PRINT FULL NAME EVA SANDLER
 3. (b) If veteran, name war..... 3. (c) Social Security No.....
 4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Late Gus Sandler
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 64 - - - - - hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Housework

MOTHER FATHER
 12. Name Paol Ovner
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Isadore Cohen
 (b) Address 13969 Grenville
 17. (a) Burial (b) Date thereof 2-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chevrah Kadisha
 18. (a) Signature of funeral director penhandler
 (b) Address 4469 Washington
 19. (a) FEB 4 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1481 Blackstone
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 3
 year 1947 hour 9.30 minute A. M.
 21. I hereby certify that I attended the deceased from Jan. 20
 1947, to Feb. 1 1947,
 that I last saw her alive on 1st Feb 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral arteriosclerosis
Cerebral thrombosis
 Due to.....
 Due to.....
 Other conditions Psychosis Arteriosclerotic
(Include pregnancy within 3 months of death)
PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
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) h
 (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)
 Means of injury.....
 23. Signature Louis L. Jurege (M. D. or other) 0
 Address 4487 Westminster Pl. Date signed 3 Feb 47

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

W. B. Schandler

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.