

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: (a) County (b) City or town ST. LOUIS (c) Name of hospital or institution JEWISH HOSPITAL (d) Length of stay: In hospital or institution 22 days (e) In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County 000 (c) City or town St. Louis (d) Street No. 6 1388 1/2 Clara (e) Citizen of foreign country? yes (If yes, name country Russia)

3. (a) PRINT FULL NAME ABRAHAM PEARLMAN (b) If veteran, name war (c) Social Security No. 348-05-2790

20. DATE OF DEATH: Month JUNE day 25 year 1947 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3 June 1947 to 25 June 1947 that I last saw him alive on 25 June and that death occurred on the date and hour stated above.

4. Sex M (5) Color or race W (6) (a) Single, widowed, married, divorced (b) Name of husband or wife I da Pearlman (c) Age of husband or wife if alive 38 years (7) Birth date of deceased unknown

Immediate cause of death Heart failure Duration 22 d.

8. AGE: Years 48 Months Days If less than one day hr. 6 min.

Due to Rheumatic Heart Disease 75 years

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

Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy

10. Usual occupation Retail worker

11. Industry or business (12) Name Yehia Pearlman (13) Birthplace Russia (14) Maiden name Fessonia (15) Birthplace Russia

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. I da Pearlman (b) Address 1388 1/2 Clara

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof June 26 1947 (c) Place: burial or cremation Church of Epith

18. (a) Signature of funeral director (b) Address 5010 Enright (19) JUN 26 1947 J. F. Bredeek (Registrar's signature)

23. Signature Robert J. Cook (M. D. or other) MD Address 8529 1/2 Douglas Date signed June 25 1947

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

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. J. Overlander

Licensed Embalmer No. 3669

P. O. Address 5010 Emright

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.