V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25931

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7368

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs 4mos 19das. (Specify whether)

In this community 38years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5587a Page Blvd. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

6 13

3. (a) PRINT FULL NAME ISAAC PEVNICK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife SARAH-Steinholtz

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

7. Birth date of deceased July (Month) 7 (Day) 1876 (Year)

8. AGE: Years 71 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Junk Peddler

11. Industry or business ----

FATHER

12. Name Joseph Pevnick 6

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

MOTHER

14. Maiden name Gertrude 9 11

15. Birthplace (City, town, or county) Not known (State or foreign country) 1

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-47 (Month, Day, Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler E.P.

(b) Address 5010 Enright

19. AUG 6 1947 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from March 17, 1941 to August 6, 1947 that I last saw him alive on August 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bilateral Pneumonia	24hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

108

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Leopold Hoflaker (M. D. or other) M.D.

Address 5400 Arsenal St Date signed 8/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Overfield

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.