

FILED AUG 8 1947
318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7017

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(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 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5062 Kensington
12. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH SIMKOWITZ
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barrett Sembock 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 47 hour 7:30 minute a.m.
21. I hereby certify that I attended the deceased from July 12
7, 1947, to July 29, 1947
that I last saw h. alive on July 29, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarct
Duration 2 weeks

8. AGE: Years about 76 Months - Days -
If less than one day _____ hr. _____ min.

Due to coronary occlusion 2 weeks
Due to generalized arteriosclerosis many years
diabetes mellitus many years
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN _____
Major findings: rightly amputated
Of operations both high arterio-sclerosis
Of autopsy as above
Underline the cause to which death should be charged statistically.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Fira Wolff
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 Laura Barnett
(b) Address 408 S. Hanley
17. (a) burial (b) Date thereof July 30, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chevak Kadasha
18. (a) Signature of funeral director Oxenhandler
(b) Address 5010 Enright
19. (a) JUL 30 1947 (b) J. F. Bredek
(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 J
Signature Joseph Magidson (M. D. or other M.D.)
Address 1520 Westgate Date signed 7-29-47

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. J. C. Candler*
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.