

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town ST. LOUIS, MO  
(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 1 DAY  
(Specify whether  
 In this community 44 mo.  
years, months or days)

3: (a) PRINT FULL NAME NISSEN OLSCHANSKY  
 3. (b) If veteran, name war   
 3. (c) Social Security No.

4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife CHAVA 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years about 79 Months Days If less than one day  
 hr. min.

9. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)  
 10. Usual occupation SAUSAGE MFG.

11. Industry or business  
 MOTHER FATHER { 12. Name SHMAUR OLSCHANSKY  
 13. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)  
 14. Maiden name FRADEL TURWITZ  
 15. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chava Olschansky  
 (b) Address 5638 Maple Ave  
 17. (a) Burial (b) Date thereof 4-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Chapel Shelmet

18. (a) Signature of funeral director Ovenhandler  
 (b) Address 5010 Enright Ave.  
 19. (a) APR 14 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 5638 Maple Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?  No  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 12  
 year 1947 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 1946, to Apr. 12 1948;  
 that I last saw him alive on Apr 12 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration 18 hours

Due to H/O  
 Due to

Other conditions Carcinoma of colon  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 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).....  
 (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 6  
 23. Signature Berrett L. Tansorg (M. D. or other) MD  
 Address 4500 Union Date signed Apr 14

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

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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 W. Z. Oxenhandler

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.**