

FILED MAY 1 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4214**

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

(c) Name of hospital or institution: 5719² Westminister 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 yrs. (Specify whether)

In this community 35 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5719² Westminister 9
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME BESSIE RADINSKY

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 LOUIS RADINSKY

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 May day 3
year 1948 hour 30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 12, 1944 to May 3, 1948.
that I last saw h. 12 alive on April 10, 1948.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

about 68 hr. _____ min.

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

10. Usual occupation HOUSE WIFE

Immediate cause of death Coronary artery occlusion
Coronary artery heart failure
Myocardial infarct (old)

Due to Diabetes mellitus
Chronic hypertensive
oste-arthrites

Other conditions 61
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name EUSHA LAEB RADINSKY

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

14. Maiden name SARAH

15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Bondag

(b) Address 6402 Enright Ave.

17. (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherok Kapisha

18. (a) Signature of funeral director Orenlandt

(b) Address 5010 Enright Ave.

19. (a) MAY 4 1948 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

Major findings:
- Of operations _____
- Of autopsy _____

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 _____

23. Signature Revellyn Sale (M.D. county)
Address 4500 Olive St. Date signed 5/4/48

Duration
hours
Years
4 years
2 1/2

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

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 Enright Ave.*

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.