

1/47
17-39

FILED SEP 7 1948

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 2000

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 11 months 17 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6308 Enright
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry Yolcut

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from September 19
1947, to August 29, 1948;
that I last saw him alive on August 29, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of stomach
Known to me

Duration: April 1947

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Beckie Yolcut

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>About 70</u>	<u>-</u>	<u>-</u>	<u>hr. min</u>

Due to _____

Due to _____

Other conditions: Diabetes mellitus 18 years
(Include pregnancy within 3 months of death)

Major findings: irreparable cancer of cardia
Of operations: of stomach 10/29/47

Of autopsy _____

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

10. Usual occupation: Retired

11. Industry or business: Grocery

12. Name: Unknown

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: Beckie Yolcut
(b) Address: 6308 Enright

17. (a) Burial (b) Date thereof: 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chevra Kadisha Cem.

18. (a) Signature of funeral director: Herman Rindskopf, Inc.
5216 Delmar Blvd.

(b) Address: _____

19. (a) 8-30-48 (b) Charles Shapiro
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

Signature: Charles Shapiro (M. D. _____)
JEWISH SANATORIUM

Address: _____ Date signed: 8/29/48

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

MOTHER FATHER

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 _____

Licensed Embalmer No. 3889

P. O. Address _____

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.