

FILED OCT 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(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 7 WKS. (Specify whether _____)
In this community 27 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 800
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1340 Shawmut Bl. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REBECCA NOVACK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 race W 5. Color or _____
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MORRIS 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 69 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MEYER LAPATA
13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name ANNA DORA MELLMAN
15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Goldenberg
(b) Address 54176 Russel Ave.

17. (a) Burial (b) Date thereof 9-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director P. Benhandler

(b) Address 5010 ENRIGHT AVE.

19. (a) SEP 29 1948 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour 4 minute 50A.M.

21. I hereby certify that I attended the deceased from 8 to 14 1948, to 9-29 1948.
that I last saw her alive on 9-29 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - terminal Duration 3 days
Due to Transverse myelitis, thoracic 46 days
unknown level T4-vertebra.
Due to "(level) Thoracic 4th Vertebra

Other conditions generalized arteriosclerosis many years
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN J. F.
Of operations: _____
Of autopsy: none
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 0

23. Signature Joseph Magidson (M. D. or other) M.D.
Address St. Witz Date signed 9-29-48

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

300
47
39
3908

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 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.