

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

FILED JAN 18 1949

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11422**

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.....  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **OSCAR CHORLINSKY**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Frances Chorlinsky**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>Abt.</b>	<b>61</b>			
				hr. min.

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

10. Usual occupation **Merchant Tailor**

11. Industry or business.....

12. Name **David Chorlinsky**

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

14. Maiden name **Jennie Adler**

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

16. (a) Informant **Mrs. Frances Chorlinsky**

(b) Address **6324 Southwood Ave.**

17. (a) **Burial** (b) Date thereof **1-2-49**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth Cem.**

18. (a) Signature of funeral director **Herman Rindskopf, Inc.**

(b) Address **5216 Delmar Blvd.**

19. (a) **Jan 2 1949** (b) **J. B. Laster**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**

(c) City or town **Clayton** (If outside city or town limits, write "RURAL") **3**

(d) Street No. **6324 Southwood** (If rural, give location) **1**

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **31**  
year **1948** hour **8** minute **50 AM**

21. I hereby certify that I attended the deceased from **Dec. 25**  
19 **48** to **Dec. 31**, 19 **48**

that I last saw him alive on **Dec. 30**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings:  
Of operations **None**

Of autopsy **None**

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

(e) While at work?..... (Specify type of place)

(f) Means of injury.....

23. Signature **Frank U. Kinsler** (M. D. or other) **is M.D.**

Address **462 NO. Taylor** Date signed **12.3.49**

*[Handwritten signature]*

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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..... *John Kertes*  
Licensed Embalmer No. *3880*  
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.