

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41861**
Registrar's No. **3507**

Registration District No. **377** Primary Registration District No. **3063**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Clayton**
(c) Name of hospital or institution:
6416 San Bonita /
(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 **EDNA SUMMERFIELD NUSSBAUM**
FULL NAME
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 **Married**
6. (b) Name of husband or wife **Julius Nussbaum** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At home**

MOTHER FATHER
11. Industry or business _____
12. Name **Moses Summerfield**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Julius Nussbaum**
(b) Address **6416 SanBonita**
17. (a) **Burial** (b) Date thereof **12-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **H. P. ...**
(b) Address **5216 Delmar Blvd.**
19. (a) **10-16-46** (b) **Ruth ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")
(d) Street No. **6416 San Bonita**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **14**
year **1946** hour **9** minute **P.M.**
21. I hereby certify that I attended the deceased from **July 1939**
that I last saw her alive on **December 14, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1 min.**
Due to **61**
Due to _____
Other conditions **Diabetes mellitus** **5 years**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____
23. Signature **J. Nussbaum** (M. D. or other) _____
Address **3651 Grand St.** Date signed **12-15-46**

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

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.....

J.P. Burgess

Licensed Embalmer No.....

4029

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.