

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. **27797**

Registrar's No. **7452**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Celeste Eunice Hendin**

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
6. (c) Age of husband or wife if alive **August 1 1922**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **26** Months **-** Days **24** If less than one day
hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **George Sherman**

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

14. Maiden name **Dorothy Cornblatt**

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

16. (a) Informant **Geo. Sherman**

(b) Address **7020 Cornell**

17. (a) **Burial** (b) Date thereof **8-26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

19. (a) **AUG 25 1948** (b) **J.F. Biebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis County**
(c) City or town **1038 Grobe Rd.,**
(If outside city or town limits, write "RURAL")
(d) Street No. **N.R.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**
year **1948** hour **9** minute **50** A.M.

21. I hereby certify that I attended the deceased from **August 17**
to **August 25**, 19**48**.
that I last saw her alive on **August 25**, 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myelogenous leukemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **As above**

PHYSICIAN

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) (c) Means of injury

23. Signature **F.W. Bradley** (M. D. or other)

Address **Barnes Hospital** Date signed **8/25/48**

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 Kuttler
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.