FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41518

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10978

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 Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk. (Specify whether years, months or days)

In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5401 Cabanne (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LUCY HENSCHEL

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 Widowed

6. (b) Name of husband or wife Dr. Edw. Henschel

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

7. Birth date of deceased Jan. (Month) 15 (Day) 1886 (Year)

8. AGE: Years 62 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Moritz Weinstein

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

MOTHER 14. Maiden name Fannie Unk.

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

16. (a) Informant Eugene V. Henschel

(b) Address 5401 Cabanne

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address

19. (a) DEC 20 1948 (Date received local registrar) (b) J B Lawton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1948 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 21, 1948, to Dec. 17, 1948, that I last saw her alive on Dec. 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarct left ventricle (chronic coronary)	9 days
Due to: Arteriosclerotic heart dis.	
Due to: Hypertensive disease	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Rupture left ventricle due to infarct: posterior	

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)

While at work? (e) Means of injury

23. Signature Henry Rosenfeld (M. D. or other) M.D.

Address 3903 Olive St. Date signed Dec. 18, 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) HENRY ROSENFELD

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. 4339

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.