

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17973

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 972				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		3				
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 N. North & South				d. STREET ADDRESS (If rural, give location) 515 N. North & South Rd. 0						
3. NAME OF DECEASED (Type or Print) LEAH		a. (First)		b. (Middle)		c. (Last) GREENWALD				
4. DATE OF DEATH April 20, 1949		(Month)		(Day)		(Year)				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unk				
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Poland				
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME Gdalia Weinhaus		13b. MOTHER'S MAIDEN NAME Sosia Kazdan		14. NAME OF HUSBAND OR WIFE Frank Greenwald			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Frank Greenwald			ADDRESS 515 N. North & South		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary 175X DUE TO (b) 49 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovary, Recurrent						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from July, 1948, to Aug., 1949, that I last saw the deceased alive on 19 Apr., 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Stephen Bonicker				23b. ADDRESS 3720 Washinton			23c. DATE SIGNED 20 Apr 49			
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 4/22/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.				
DATE REC'D BY LOCAL REG. 4-21-49		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

96
25

07618 & 7011

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Jewis A. Rudwig*

Signed _____
Student Embalmer

Licensed Embalmer No. 4229

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.