

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28538

7723

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.				c. CITY (If outside corporate limits, write RURAL and give township) Berkley Hills					
d. FULL NAME OF HOSPITAL OR INSTITUTION De. Paul				d. STREET ADDRESS (If rural, give location) 7130 Natural Bridge					
3. NAME OF DECEASED (Type or Print)		a. (First) SIDNEY		b. (Middle) J. SELIGSTEIN		c. (Last)			
4. DATE OF DEATH		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed			
8. DATE OF BIRTH 11/12/84		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (State or foreign country) Arkansas			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Abraham Seligstein		13b. MOTHER'S MAIDEN NAME Dena Rosenthal		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 120-12-4402		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mama Seligstein 5532 Waterman					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nephrosis				ANTECEDENT CAUSES				3 day	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Bilateral Hemorrhagic glomerulonephritis				3 days	
				DUE TO (c) Prostatic Hypertrophy				7	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION Sept 2 1949		19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 137 th St. St. Louis Co.					
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? 610X					
22. I hereby certify that I attended the deceased from July 6, 1949, to Sept 5, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 4:40 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. T. Mamolovsky M.D.				23b. ADDRESS 986 Acad. Bldg		23c. DATE SIGNED Sept-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/7/49		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis Co.			
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE J. B. Sabater		25. FUNERAL DIRECTOR'S SIGNATURE Wagner		ADDRESS 1356 Lindell			

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

STATEMENT BY LICENSED EMBALMER

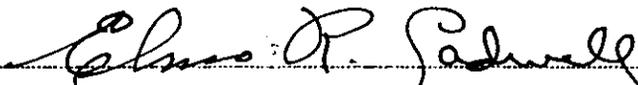
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4077

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.