

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35860**

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BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 4090
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) Rural: 21401st Townships		c. LENGTH OF STAY (in this place) 6 mo.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH SANATORIUM		d. STREET ADDRESS (If rural, give location) 1244a Blackstone		
3. NAME OF DECEASED a. (First) Ethel		b. (Middle) _____	c. (Last) Brody	4. DATE OF DEATH (Month) (Day) (Year) October 5 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1898	9. AGE (In years last birthday) 51 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Favel Padratzick		13b. MOTHER'S MAIDEN NAME Rachel Unk.		14. NAME OF HUSBAND OR WIFE Philip Brody
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Brody 1244a Blackstone
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis chron. DUE TO (c) Diabetes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 8 days 3 years 13 years 6 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X			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) 260X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1		
22. I hereby certify that I attended the deceased from March 25, 1949 , to October 5, 1949 , that I last saw the deceased alive on Oct. 5, 1949 , and that death occurred at 5 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Helia Simon M.D. D.		23b. ADDRESS Jewish Sanatorium Fee Fee Road, Robertson, Mo.		23c. DATE SIGNED Oct. 5 '49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/49	24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag	24d. LOCATION (City, town, or county) (State) Ladue Mo.	
DATE REC'D BY LOCAL REG. 10-6-49	REGISTRAR'S SIGNATURE Robert R. Donker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson		

WRITE PLAINLY—USING UNFADEING 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

Quero J. Andrews

Licensed Embalmer No. *4529*

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.