

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38693

1003

9545

BIRTH NO. #105147

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		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 town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) (7)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 4067 HARTFORD ST.					
3. NAME OF DECEASED a. (First) PETER b. (Middle) EPSTEIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) November 4, 1949				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 6 1876	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN-INTERVATIONAL SHOE CO.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. D			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME PETER EPSTEIN		13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE AUGUSTA EPSTEIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-09-9181			
17. INFORMANT'S SIGNATURE OR NAME LEONA BRIGGS		ADDRESS 6400 WINONA AVE.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) Arteriosclerosis Heart disease 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 917			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR B. 92X			
22. I hereby certify that I attended the deceased from 11/3/49, 19, to 11/4/49, 19, that I last saw the deceased alive on 11/4/49, 19, and that death occurred at 10:25 PM., from the causes and on the date stated above.							
23a. SIGNATURE Joseph J. J. Blau (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/5/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARC. US. CEM.			
24d. LOCATION (City, town, or county) ST. LOUIS CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGS HAUSER		ADDRESS 4228 S. KINGSHIGHWAY			
DATE REC'D BY LOCAL REG. NOV 5 1949		REGISTRAR'S SIGNATURE J. B. Sasator					

mark

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 *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.