No. 300
10.48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39503
Registrar's No. 04521

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) D.O.Ars.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5623 Enright

3. NAME OF DECEASED (Type or Print)
a. (First) SAMUEL
b. (Middle)
c. (Last) EPSTEIN

4. DATE OF DEATH (Month) Nov. (Day) 26. (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH unknown
9. AGE (In years last birthday) about 54
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) Distributor
10b. KIND OF BUSINESS OR INDUSTRY Food & sundries
11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Epstein
13b. MOTHER'S MAIDEN NAME Mary Behrman
14. NAME OF HUSBAND OR WIFE Tillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Tillie Epstein **ADDRESS** 5623 Enright

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) compound fractures of skull and crushing chest injuries-operating

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) truck which was struck by another automobile -truck overturned and
DUE TO (c) pinned deceased between door and body.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kinloch Park St. Louis Mo.
21d. TIME OF INJURY (Month) 11 (Day) 26 (Year) 49 (Hour) P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? See above

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner
23b. ADDRESS 601 Brentwood Blvd., Clayton, Mo.
23c. DATE SIGNED 1/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/28/49
24c. NAME OF CEMETERY OR CREMATORY Beth HAmedrosh Hagodol
24d. LOCATION (City, town, or county) (State) Ladue, Mo.

DATE REC'D BY LOCAL REG. 11-28-49
REGISTRAR'S SIGNATURE Herbert R. Womble M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial **ADDRESS** 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1949

FEB 2 1950

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. 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.