

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 342

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE Missouri b. COUNTY 4226 |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 33 University City                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital                               |  | d. STREET ADDRESS (If rural, give location) 720 Interdrive   |  |

|                                     |                      |             |                       |                                       |
|-------------------------------------|----------------------|-------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HENRIETTA | b. (Middle) | c. (Last) FINESHRIBER | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                      |             |                       | Jan 10, 1950                          |

|               |                        |  |                          |  |                        |                      |       |      |
|---------------|------------------------|--|--------------------------|--|------------------------|----------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Unknown | 9. AGE (In years, last birthday) Abt. 98 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|---------------|------------------------|--|--------------------------|--|------------------------|----------------------|-------|------|

|   |                                   |   |                              |
|---|-----------------------------------|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? |
|---|-----------------------------------|---|------------------------------|

|                            |                                   |   |
|----------------------------|-----------------------------------|---|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Hyman Fineshriber |
|----------------------------|-----------------------------------|---|

|   |                         |   |         |
|---|-------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Tobias-720 Interdrive | ADDRESS |
|---|-------------------------|---|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) Coronary thrombosis   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Carcinoma of Pancreas<br>DUE TO (c) Atherosclerosis Senile |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Old age  |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) 157X |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 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 12:30, 1950, to 1:10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

|   |   |                          |
|---|---|--------------------------|
| 23a. SIGNATURE Harry Sander, M.D. (Degree or title) | 23b. ADDRESS 634 N. Grand St. St. Louis | 23c. DATE SIGNED 1-11-50 |
|---|---|--------------------------|

|  |                   |  |  |
|--|-------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 1/15/50 | 24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|-------------------|--|--|

|                                      |                                   |   |
|--------------------------------------|-----------------------------------|---|
| DATE REC'D BY LOCAL REG. JAN 12 1950 | REGISTRAR'S SIGNATURE J.B. Luster | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman H. [unclear] 5216 [unclear] |
|--------------------------------------|-----------------------------------|---|

(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten 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.....

*John Ketter*  
3880

Licensed Embalmer No. ....

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.