

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22539

1082
3

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cooke</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>One week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u>		8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1427 East Austin</u>			d. STREET ADDRESS (If rural, give location) <u>837 E. Forty Ninth Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Lindenbaum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 6, 1892</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post-office</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frederick Lindenbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Quinn</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Lindenbaum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alta Lindenbaum</u> ADDRESS <u>837 E. Forty Ninth Chicago, Illinois</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis.</u>		<u>2 years.</u>
			DUE TO (c) <u>Hypertensive heart disease.</u>		<u>Unknown.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>		
22. I hereby certify that I attended the deceased from <u>June 14, 1950</u> , to <u>June 14, 1950</u> , that I last saw the deceased alive on <u>June 14, 1950</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Kathryn H. Janney</u>			23b. ADDRESS <u>Nevada, Missouri</u>		23c. DATE SIGNED <u>June 14,</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago Illinois 1950</u>
DATE REC'D BY LOCAL REG. <u>June 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Janney</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada Missouri</u>	

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

SEP 27 1950

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RECEIVED 6-15-57
District Health Officer No. _____
District File Number 5-57-66
Date Filed 6-16-57

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. 1760

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.