

FILED JAN 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. **42827**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10881**

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **Pronounced daed At. City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

d. STREET ADDRESS (If rural, give location) **5797 Westminster**

3. NAME OF DECEASED

a. (First) **ESTHER**

b. (Middle) _____

c. (Last) **SERLIN**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 19, 1950

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Unknown

9. AGE (In years last birthday) **Abt. 59**

IF UNDER 1 YEAR (Month) (Day) (Year)
IF UNDER 24 HRS. (Hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tailoress -

10b. KIND OF BUSINESS OR INDUSTRY
Men's Coats

11. BIRTHPLACE (State or foreign country)
London, England

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Hyman Segelman

13b. MOTHER'S MAIDEN NAME
Jane Fifer

14. NAME OF HUSBAND OR WIFE
Samuel Serlin

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.

17. INFORMANT'S SIGNATURE OR NAME **Lawrence Serlin-5745 Enright**

ADDRESS

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)

ANTECEDENT CAUSES

DUE TO (b) *Coronary Occlusion*

DUE TO (c) *Coronary Sclerosis*

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *H/201*

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 1000A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Lawrence E. Enright*

23b. ADDRESS *1300 Clark Ave*

23c. DATE SIGNED *12/21/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24b. DATE *12/20/50*

24c. NAME OF CEMETERY OR CREMATORY *B'Nai Amoona Cemetery*

24d. LOCATION (City, town, or county) (State) *St. Louis County, Mo.*

DATE REC'D BY LOCAL REG. *DEC 20 1950*

REGISTRAR'S SIGNATURE *J. B. Brant*

25. FUNERAL DIRECTOR'S SIGNATURE *Hermon...*

ADDRESS *5216 D St...*

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

Black

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
John Ketter
Licensed Embalmer No. *3880*

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.