

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14805

FILED MAY 1 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2532**

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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4346</b>	
c. LENGTH OF STAY (in this place) <b>5 Mo</b>		d. STREET ADDRESS (If rural, give location) <b>7225 Tulane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis, State Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>TENENBAUM</b> c. (Last) <b>TENENBAUM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>Abt 72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry</b>	11. BIRTHPLACE (State or foreign country) <b>Russia</b>
12. CITIZEN OF WHAT COUNTRY? <b>6</b>			
13a. FATHER'S NAME <b>Emanuel Tanenbaum</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Augusta Tenenbaum</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-24-6799</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Abe Tenenbaum-5715 St. Louis</b>
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) <b>Arteriosclerotic Heart Disease</b>  INTERVAL BETWEEN ONSET AND DEATH <b>9/5/50x</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c)  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 <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)	
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? <b>H20</b>	
22. I hereby certify that I attended the deceased from <u>Sept 5, 1950</u> , to <u>Mar 18, 1951</u> , that I last saw the deceased alive on <u>Mar 18, 1951</u> , and that death occurred at <u>9:55 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Lowry Brown, M.D.</b>		23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>3/18/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3/19/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chevra Kadisha Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 19 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home, Inc. 5716 Delmar</b>	

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.

Signed.....  
Student-Embalmer

Student Embalmer No.....

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.