

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18033
18033

318

1003

Registrar's No. _____

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|--|--|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> | | <u>4351</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>35 7244 Shaftsbury</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEAH</u> | | | b. (Middle) _____ | | | c. (Last) <u>FEIGENBAUM</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1951</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Unk.</u> | | 9. AGE (In years last birthday) <u>ab. 78</u> | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Poland</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Poland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unk. Oberman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Samuel</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Feigenbaum 1118 Ralph Terr.</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>years.</u> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>331X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>45</u> , to <u>May 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>51</u> , and that death occurred at <u>6:25 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Jessie M. Kistner, M.D.</u> | | | | 23b. ADDRESS <u>508 N. Grand.</u> | | 23c. DATE SIGNED <u>5/14/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>5/14/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u> | | 24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 14 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u> | | |

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

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

Quirio A. Ludwig
.....
Licensed Embalmer No. 4829

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.