

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25783

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2509

1. PLACE OF DEATH  
a. COUNTY St. Louis  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy c. LENGTH OF STAY (in this place) 5 WKS.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) O'Sullivan Nursing Home  
d. STREET ADDRESS (If rural, give location) 5 5782 Kingsbury

3. NAME OF DECEASED  
a. (First) DENA b. (Middle) \_\_\_\_\_ c. (Last) SENDER  
4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951

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, months, days) (If under 1 year, specify in days) Abt. 81

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) Poland 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Liza Elbion 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Abraham Sender

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 Mrs. M. Fadem-5782 Kingsbury 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral thrombosis  
ANTECEDENT CAUSES  
DUE TO (b) auricular fibrillation  
DUE TO (c) Arteriosclerotic heart disease  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cerebral vascular disease  
INTERVAL BETWEEN ONSET AND DEATH  
2 days  
3 months  
unknown  
unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 420.0 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 14, 1951, to June 25, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Lewis Lettmann MD (Degree or title) 23b. ADDRESS 8231 Clayton Rd (17) 23c. DATE SIGNED 6/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/27/51 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo. 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. 6-26-51 REGISTRAR'S SIGNATURE Hubert P. Dombko 25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph ADDRESS 5216 Plaza

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

1001  
4

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.

Signed \_\_\_\_\_

*Peter B. Dubrovnik*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address. *Reisterstown, Md*

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.