No. 300
10-48

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28633

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7778

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 1478a Clara

3. NAME OF DECEASED (Type or Print)
a. (First) ELI
b. (Middle)
c. (Last) RADINSKY

4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Unk
9. AGE (In years last birthday) ab 50 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov't Employee
10b. KIND OF BUSINESS OR INDUSTRY Cartographer
11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry Radinsky
13b. MOTHER'S MAIDEN NAME Minnie Block
14. NAME OF HUSBAND OR WIFE ~~Fannie~~ May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-09-3486
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Radinsky **ADDRESS** 1478a Clara

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive heart disease — 2 yr +

DUE TO (c) Nephrosclerosis — 2 yrs

Uremia (chronic + acute) — 1 yr.

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HHX

22. *I hereby certify that I attended the deceased from* April 6, 1949, *to* Sept. 1, 1951, *that I last saw the deceased alive on* Sept. 1, 1951, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Llewellyn Sale (Degree or title) M.D.
23b. ADDRESS 4500 Olive, St. Louis 8
23c. DATE SIGNED Sept. 2, 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/2/51
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) University City (State)

DATE REC'D BY LOCAL REG. 9-4-51
REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Lewis L. Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. 4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28683

State of MISSOURI
~~County~~ City of ST. LOUIS } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7778

On this 18th day of September, 1951, before me appears Marvin A. Stein, who, upon his oath, states that the original record of ~~birth~~ death for Eli Radensky, ~~born~~ died Sept. 1, 1951, in the State of Missouri, and which was filed at St. Louis on Sept 2, 1951, should be corrected as follows:

Item No. 14 should read NAT

Instead of FANNIE

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marvin A. Stein

— Relationship.

Berger Memorial

Present Address.

Subscribed and sworn to before me this 18th day of September, 1951.

My Commission expires June 8, 1955

Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667