

# STANDARD CERTIFICATE OF DEATH

State File No. 28901  
Registrar's No. 3032

FILED SEP 7 1951

|  |  |   |   |  |  |   |                                  |
|--|--|---|---|--|--|---|----------------------------------|
| BIRTH NO.  |  | REG. DIST. NO. <u>917</u>   |   | PRIMARY REG. DIST. NO. <u>3063</u>   |  | Registrar's No. <u>3032</u>   |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u> <u>4902</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clayton</u>   |  | c. LENGTH OF STAY (In this place)<br><u>46</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clayton</u> <u>4462</u>   |  |   |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>6505 San Bonita Ave.</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>6505 San Bonita Ave.</u> <u>0</u>  |  |   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><u>ESTHER</u>  |  | a. (First)  |   | b. (Middle)<br><u>B.</u>   |  | c. (Last)<br><u>BIDER</u>   |                                  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> <u>2</u>  |  | 8. DATE OF BIRTH<br><u>Unknown</u>  |                                  |
| 9. AGE (In years last birthday)<br><u>Abt. 61</u>  |  | # UNDER 1 YEAR<br>Months  |   | # UNDER 1 YEAR<br>Days   |  | # UNDER 1 YEAR<br>Hours   |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Russia</u> <u>6</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |                                  |
| 13a. FATHER'S NAME<br><u>Samuel Bluestone</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ida Pomerance</u> |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Philip Bider</u>                                  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>—</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Alvin Bider-9034 Palley</u>  |  |   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><u>4201</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Diabetes Mellitus</u> |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  | 20. AUTOPSY?<br>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?   |  |   |                                  |
| 22. I hereby certify that I attended the deceased from <u>10/27/50</u> , 19 <u>50</u> , to <u>8/30/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/30/51</u> , 19 <u>51</u> , and that death occurred at <u>10P</u> m., from the causes and on the date stated above. |  |   |   |  |  |   |                                  |
| 23a. SIGNATURE (Degree or title)<br><u>Galvis Elson, M.D.</u>  |  |   |   | 23b. ADDRESS<br><u>607 N. Grand, St. Louis 3, Mo.</u>  |  | 23c. DATE SIGNED<br><u>9/1/51</u>   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>9/2/51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Chesed Shel Emeth Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>       |                                  |
| DATE REC'D BY LOCAL REG.<br><u>9-2-51</u>  |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Romko</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Herbert R. Romko, 5216 Webster</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Peter B. Dubrouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, N*

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.