

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35089**

FILED NOV 3 1951

BIRTH NO. 77898-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8090

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 <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1835 EASTOVER 436 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>INFANT</u> b. (Middle) <u>MALE</u> c. (Last) <u>Greenberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Sept 7 1951</u>
9. AGE (In years last birthday) <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u>
13a. FATHER'S NAME <u>Geo. Greenberg</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
13b. MOTHER'S MARRIAGE NAME <u>Marcella Pokres</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR Geo. Greenberg</u>	ADDRESS <u>1335 EASTOVER</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Congenital Heart Disease</u> DUE TO (c) <u>Type Undetermined</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>754.4</u>

22. I hereby certify that I attended the deceased from Sept 7, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel W. Gallun, D.O.</u>	(Degree or title)	23b. ADDRESS <u>4500 Olive St.</u>	23c. DATE SIGNED <u>9/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emet</u>	24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY MO</u>

DATE REC'D BY LOCAL REGISTRY <u>SEP 12 1951</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bergin Memorial</u>	ADDRESS <u>4715 Madison</u>
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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.

Not Embalmed

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.