

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44249

State File No.

No. 300
10.48 FILED FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10850**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 33 University City | | d. STREET ADDRESS (If rural, give location) 6250 Clemens Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | |

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|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) HATTIE WERTHEIMER | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 5, 1951 |
|--|------------|-------------|-----------|---|

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|----------------------|-------------------------------|---|---------------------------------|--|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Unknown | 9. AGE (In years last birthday) Abt. 51 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|---------------------------------|--|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---------------------------------------|---|--|
| 13a. FATHER'S NAME Samuel Litt | 13b. MOTHER'S MAIDEN NAME Ella Mendelson | 14. NAME OF HUSBAND OR WIFE Adolph Wertheimer |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME A. Wertheimer-6250 Clemens Ave. | ADDRESS |
|--|-------------------------------------|--|---------|

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension, arterial. DUE TO (c) heart | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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? 331X |

22. I hereby certify that I attended the deceased from **Feb**, 19**48**, to **Dec 5**, 19**51**, that I last saw the deceased alive on **Dec 5**, 19**51**, and that death occurred at **7 pm**, from the causes and on the date stated above.

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| 23a. SIGNATURE Harold Freedman MD (Degree or title) | 23b. ADDRESS 634 Wa Grand Blvd | 23c. DATE SIGNED 12-7-51 |
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|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12/7/51 | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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|--|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. DEC 7 1951 | REGISTRAR'S SIGNATURE Carl Smith MD | FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph | ADDRESS 5216 Delmar |
|--|--|--|----------------------------|

WRITE PLAINLY—USING UNFAADING 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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo.

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.