

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10138

State File No. ....

2384

FILED MAR 29 1952

318

REG. DIST. NO. ....

1003

PRIMARY REG. DIST. NO. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5520 Oriole Ave.		d. STREET ADDRESS (If rural, give location) 5520 Oriole Ave.	
3. NAME OF DECEASED (Type or Print) Cecilia		a. (First)	b. (Middle)
		c. (Last) Israel.	
4. DATE OF DEATH Mar. 10 1952		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 21, 1884		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife.		10b. KIND OF BUSINESS OR INDUSTRY At. Home.	
11. BIRTHPLACE (State or foreign country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dewinske.		13b. MOTHER'S MAIDEN NAME Frances Hasselborth.	
14. NAME OF HUSBAND OR WIFE Harry J. Israel.		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. None		17. INFORMANT'S SIGNATURE OR NAME Harry J. Israel	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 3810		22. I hereby certify that I attended the deceased from 12 Pm, 1950, to 10 Ma, 1953 that I last saw the deceased alive on 10 Ma, 1952, and that, death occurred at 6:15 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Eugene W. Hall M.D.		23b. ADDRESS 25 So Florissant Rd.	
23c. DATE SIGNED 11 Mar 52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller, 5967 W. Florissant Ave	
DATE REC'D BY LOCAL REG. MAR 13 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D. mgs	

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Francis Williamson*

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.