

06

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 19 1952

STANDARD CERTIFICATE OF DEATH

10821

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 220

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 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 township) <u>UNIVERSITY CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u> | |
| c. LENGTH OF STAY (In this place) <u>2 wks</u> | | d. STREET ADDRESS (If rural, give location) <u>6301 Clemens 4330</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>6301 Clemens</u> | | 3. NAME OF DECEASED a. (First) <u>JENNIE</u> b. (Middle) _____ c. (Last) <u>HIRSCH</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1952</u> | | 5. SEX <u>Female</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>unk</u> 9. AGE (In years last birthday) <u>43-73</u> 10. MONTHS <u>7</u> 11. DAYS <u>3</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Lithuania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Isaiah Esenberg</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah (unk)</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Isaiah</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Isaiah Hirsch</u> ADDRESS <u>6301 Clemens</u> | |
| 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) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe osteoporosis of spine</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>420.1</u> | |
| 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>Jan 25, 1946</u> , to <u>Jan 26, 1952</u> , that I last saw the deceased alive on <u>Jan 26, 1952</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Henry Esenberg</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>3903 Olive St</u> | |
| 23c. DATE SIGNED <u>Jan 26 1952</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>1/27/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamadah Bury.</u> | |
| 24d. LOCATION (City, town, or county) <u>Ladue</u> (State) <u>Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beyer Memorial</u> ADDRESS <u>4115 The Plaza</u> | |
| DATE REC'D BY LOCAL REG. <u>1-28-52</u> | | REGISTRAR'S SIGNATURE <u>Hebert R. Pomba</u> | |

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.....

Arthur J. Guiding

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 with the above constitutes grounds for revocation of license.)

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