

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14237

State File No.

318

1003

Registrar's No. 2092

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4452	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7447 Cromwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Harvey c. (Last) Epstein		4. DATE OF DEATH (Month) (Day) (Year) 3 3 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1885
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Printing	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Henry Epstein		13b. MOTHER'S MAIDEN NAME Clara Weil	14. NAME OF HUSBAND OR WIFE Amelia
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. 488-01-3395	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Edwin Epstein		ADDRESS 7447 Cromwell	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Brain Tumor- Right Parietal Lobe 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 2-25-52		19b. MAJOR FINDINGS OF OPERATION Malignant Brain Tumor- Right Parietal Lobe	
20. AUTOPSY? YES <input checked="" 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? 193X			
22. I hereby certify that I attended the deceased from 2-23, 1952, to 3-3, 1952, that I last saw the deceased alive on 3-3, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE F. R. Bradley (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3-3-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-5-52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. MAR 4 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. mJB.	
25. FUNERAL DIRECTOR'S SIGNATURE Mayer Funeral Home		ADDRESS 4356 Lindell Blvd.	

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

John J. Baines

Licensed Embalmer No. *4108*

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.