

FILED SEP 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29808
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8026

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2129</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 5528 Pershing</u>	
3. NAME OF DECEASED (Type or Print) <u>Selma</u>		a. (First) <u>Selma</u>	b. (Middle) <u>Meyerhoff</u>
c. (Last) <u>Meyerhoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 16- 1883</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 12 Mos. Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lazar Frankel</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Pitzele</u>	
14. NAME OF HUSBAND OR WIFE <u>Mannie Meyerhoff</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Pollack-5529 Pershing</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>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic C-V Disease</u> 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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>443X</u>		22. I hereby certify that I attended the deceased from <u>Oct 1, 1951</u> , to <u>Aug 23, 1952</u> , that I last saw the deceased alive on <u>Aug 23, 1952</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Morris O'Leary M.D.</u>		23b. ADDRESS <u>601. Humboldt Bldg</u>	
23c. DATE SIGNED <u>8/25/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County - Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Smith & Herman Rindhoff Inc-5216-1 Delmar</u>	
DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

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

(Licensed Embalmers' Statement on Reverse Side)

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 Keller
Licensed Embalmer No. 3880
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.