

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29809

State File No. ....

FILED SEP 8 - 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5783 McPherson</u>			d. STREET ADDRESS (If rural, give location) <u>5783 McPherson</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) _____		c. (Last) <u>MEYERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unk.</u>		9. AGE (In years last birthday) <u>Ab 75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____	Hours _____	Min. _____
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 (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Harris Greenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Unk</u>			14. NAME OF HUSBAND OR WIFE <u>John</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Doreen Broudy 5783 McPherson</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>  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.					INTERVAL BETWEEN ONSET AND DEATH <u>21 mo.</u>	
19a. DATE OF OPERATION <u>Nov. 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of cervix</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____					
22. I hereby certify that I attended the deceased from <u>Nov. 13, 1916</u> , to <u>Aug. 25, 1952</u> , that I last saw the deceased alive on <u>Aug. 24, 1952</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lowell Saleh M.D.</u>			23b. ADDRESS <u>4500 Olive</u>			23c. DATE SIGNED <u>8/25/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4 Removal</u>		24b. DATE <u>8/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>				
DATE REC'D BY LOCAL REG. <u>AUG 26 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>					

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paulo J. Pineda*  
Licensed Embalmer No. *4329*

Signed.....  
Student Embalmer

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.