

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32778

State File No. _____
Registrar's No. 8235

FILED SEP 25 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		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> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>		d. STREET ADDRESS <u>4419 Easton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GETAL</u>		b. (Middle) <u>BRITTON (BRETON)</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 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>unknown</u>	9. AGE (In years last birthday) <u>ab. 70</u>	10. MONTH YEAR DAY HOUR MIN. Months 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 (City and State or Foreign Country) <u>USSR</u> <u>6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unk Peterman</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Hyman</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 <u>Mrs. G. Malorius</u>		ADDRESS <u>8033 Washington</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>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Atherosclerosis, Diabetes</u>			
DUE TO (c) <u>Cardio-Vascular Disease</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260K 4227</u>	
22. I hereby certify that I attended the deceased from <u>Aug 1951</u> , to <u>Aug 30, 1952</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1:50 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Sam J. Harris</u>		(Degree or title)		23b. ADDRESS <u>706 Chestnut St</u>	
23c. DATE SIGNED <u>9/1/52</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24b. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
24c. DATE REC'D BY LOCAL REG. <u>SEP 2 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>	
ADDRESS <u>4715 McPherson</u>					

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

Handwritten notes in Arabic script, possibly a signature or name, located at the top of the page.

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

Handwritten notes in Arabic script, possibly a signature or name, located below the student field.

Signed

Handwritten signature of the licensed embalmer.

Licensed Embalmer No. 4889

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.