

37052

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>2692</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If instituted: 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. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City 4376</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8140 GANNON</u>				d. STREET ADDRESS (If rural, give location) <u>8140 Gannon</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle)		c. (Last) <u>PASTEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct/18, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>Jan 18 1884</u>		9. AGE (If last birthday) <u>68</u>		IF UNDER 1 YEAR 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 <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>unk</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas</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>Max Alper 8140 Gannon</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause, or line for (a), (b), and (c) <u>arteriosclerotic heart disease</u> <i>This does not mean the mode of death, such as myocardial infarction, edema, etc. It means the disease or condition or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> <u>years</u>					
				DUE TO (c) <u>Hypertensive heart disease</u> <u>years</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					
19a. DATE OF OPERATION <u>Oct 18 1952</u>		19b. MAJOR FINDINGS OF OPERATION						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) m. --		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>9/18</u> , 19 <u>52</u> , to <u>9/18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/18</u> , 19 <u>52</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Llewellyn Sale, Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>9/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christ the King</u>		24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bergen Munnis</u>		ADDRESS <u>4215 Midkisson</u>			

SW (Licensed Embalmer's Statement on Reverse Side)

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

NOV 11 1952

**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 *James G. Anderson*  
Licensed Embalmer No. *2229*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
City St. Louis <sup>SS.</sup>

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 5705-2

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. \_\_\_\_\_

On this 23rd day of October, 1952, before me appears \_\_\_\_\_

Mrs Max Alper, who, upon his oath, states that the original record of ~~her~~ death

for Sarah Pastel <sup>died</sup> ~~born~~ Oct. 18th, 1952, in the State of

Missouri, and which was filed at St. Louis County on 10/18/52, 1952, should be corrected as follows:

Item No. 9 should read unknown about 68

Instead of unknown about 70

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs Max Alper daughter Relationship.

8140 Gannon  
Present Address.

Subscribed and sworn to before me this 23rd day of October, 1952.

My Commission expires June 8, 1955 [Signature] Notary Public.

73301 62130  
OCT 29 1957

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 37052

State of Missouri  
City of St. Louis }  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 11-21-52 18th day of November, 1952, before me appears

Mrs. Shirley Alper, who, upon her oath, states that the original record of ~~birth~~ <sup>death</sup>

for Sarah Pastel <sup>died</sup> Oct. 18, 1952, in the State of

Missouri, and which was filed at Clayton, Mo. ~~xxxx~~ on Oct 19, 1952, should be corrected as follows:

Item No. 8 should read June 9th, 1884

Instead of Unknown

Item No. 9 should read 68 years

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Shirley Alper Daughter Relationship.

8140 Gannon

Present Address.

Subscribed and sworn to before me this 18th day of November, 1952

My Commission expires June 8, 1955 [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.