

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

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State File No. 3104
Registrar's No. 0665

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 Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6032 Bartmer				d. STREET ADDRESS (If rural, give location) 5 6032 Bartmer 0			
3. NAME OF DECEASED (Type or Print) Jennie Friedman			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Jan. 20, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unk	9. AGE (In years last birthday) ab 86	IF UNDER 1 YEAR Months Days	IF UNDER 21 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) USSR 6		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Hutkin		13b. MOTHER'S MAIDEN NAME tta Kapekoff		14. NAME OF HUSBAND OR WIFE Henry			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Young 4497 Pershing			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DEGENERATIVE MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT HYPERTENSION 15 years DUE TO (c) CHRONIC GLOMERULI NEPHRITIS II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. SENILITY					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 592X			
22. I hereby certify that I attended the deceased from 1938, 19, to 1953, 19, that I last saw the deceased alive on 1-14, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Hunter, M.D.				23b. ADDRESS 4390 Lindeer Rd		23c. DATE SIGNED 1/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/21/1953	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo.		
DATE REC'D BY LOCAL REG. JAN 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.		

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

STATEMENT BY LICENSED EMBALMER

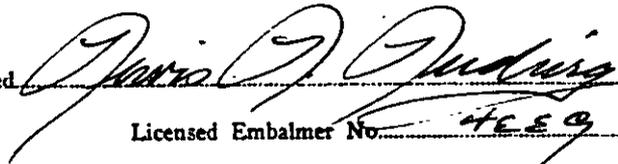
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed


Licensed Embalmer No. 4259

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.