

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4292

FILED JAN 23 1953

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0106

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		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) <u>Ellisville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>20 months</u>		d. STREET ADDRESS (If rural, give location) <u>1323 Blackstone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUNSET Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>LENA</u>		b. (Middle)		c. (Last) <u>GROD'SKIY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12, 1953</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>at 78</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (State or foreign country) <u>USSR</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>(unk) Miller</u>		13b. MOTHER'S MAIDEN NAME <u>(unk)</u>		14. NAME OF HUSBAND OR WIFE <u>ISRAEL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thos Edna Grahm</u>	
				ADDRESS <u>7126 Ankerst</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CHRONIC MYOCARDITIS</u>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>				

19a. DATE OF OPERATION <u>NONE</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) (Min.)		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 April 30, 1951, to Jan 12, 1953, that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B.R. Loving</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Ballwin, Mo.</u>		23c. DATE SIGNED <u>1-12-53</u>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand St. Smith Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>1-13-53</u>		REGISTRAR'S SIGNATURE <u>Hester R. Donohue - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial - 4715 The Plaza</u>		ADDRESS	
---	--	---	--	--	--	---------	--

FEB 26 1953

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.....
Student Embalmer

Signed

Quinn P. Anderson

Licensed Embalmer No. 4529

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.