

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11893

State File No.

FILED MAR 18 1953

318

1003

Registrar's No. 2031

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2031	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) 29 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 6669 Kingsbury			
3. NAME OF DECEASED (Type or Print) a. (First) Cather c. (Last) Leiman			4. DATE OF DEATH (Month) (Day) (Year) 2-22-53				
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1904		9. AGE (In years last birthday) 48		
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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Goldberg			13b. MOTHER'S MAIDEN NAME Jennie Friedman		14. NAME OF HUSBAND OR WIFE Philip		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Leiman 6669 Kingsbury			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RECURRENT BRONCHOGENIC CARCINOMA WITH METASTASES				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANCECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from 1-23, 1953 , to 2-22, 1953 , that I last saw the deceased alive on 2-22, 1953 , and that death occurred at 16 m. , from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/23/53m		24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh hag odol		24d. LOCATION (City, town, or county) (State) Ladue, Mo.	
DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger memorial 4715 McPherson			

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

1695
C

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

Alvin A. Anderson
.....
Licensed Embalmer No. *4229*

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.