

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16285
3571

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> 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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				A. STREET ADDRESS (If rural, give location) <u>1419a Arlington Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) _____		c. (Last) <u>TEZENHAUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 15, 1880</u>		9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months <u>9</u>	# UNDER 6 Mths. Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Tezenhaus</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Tezenhaus</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Wolf-1419a Arlington Ave.</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 INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Occlusion</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cornary Sclerosis</u>			
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>March 24, 1953</u> , to <u>April 3, 1953</u> , that I last saw the deceased alive on <u>April 3, 1953</u> , and that death occurred at <u>3:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Cohen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>5899 Delmar Blvd. St. Louis Mo.</u>		23c. DATE SIGNED <u>April 4/53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 6 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN RINDSKOPF, INC., 5216 DELMAR</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Brownell

Licensed Embalmer No. 3691

P. O. Address Highland Heights, Mo.

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.