

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19372**
4599

FILED MAY 18 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 58 yrs.		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4014 W. Natural Bridge		d. STREET ADDRESS (If rural, give location) 4014 W. Natural Bridge	
3. NAME OF DECEASED (Type or Print) BETTY		4. DATE OF DEATH (Month) (Day) (Year) May 4, 1953	
a. (First)		b. (Middle)	
c. (Last) FINKEL			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) ab. 56		IF UNDER 1 YEAR Hours Days IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY retail dry gds.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Bierman		13b. MOTHER'S MAIDEN NAME Fannie Sherman	
14. NAME OF HUSBAND OR WIFE Max			
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. Unk	
17. INFORMANT'S SIGNATURE OR NAME Arthur Finkel		ADDRESS 4141 W. Nat. Bridge	
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) Carcinoma of cervix		INTERVAL BETWEEN ONSET AND DEATH 10 mo	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
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 Aug 12, 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a, b, 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 171X			
22. I hereby certify that I attended the deceased from Aug 12, 1952 to May 4, 1953 , that I last saw the deceased alive on 2-24, 1953 , and that death occurred at 5:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Ronald W. ...		23b. ADDRESS 462 N. Taylor	
23c. DATE SIGNED 5-5-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/4/53	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 6 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	

(Licensed Embalmers' 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 *James J. Audure*
Licensed Embalmer No. 4239

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.