

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20228

State File No.

BIRTH MO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1457</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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 town(ship)) OR TOWN <u>Richmond Hgts</u>		c. LENGTH OF STAY (in this place) <u>2 MONTHS</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>				e. STREET ADDRESS (If rural, give location) <u>4515 Maryland Ave</u> <u>2129</u>			
3. NAME OF DECEASED a. (First) <u>ELLA</u> (Type or Print)			b. (Middle) <u>RODE</u>		c. (Last) <u>WEINTRAUB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1953</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 1, 1890</u>	9. AGE (in years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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 (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Henry Rode</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Elbert</u>		14. NAME OF HUSBAND OR WIFE <u>Sol A. Weintraub</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 ADDRESS <u>Dr. S A Weintraub 4515 Maryland</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pelvic CARCINOMA & Metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NONE</u> DUE TO (c) <u>NONE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u> <u>1991</u>					
19a. DATE OF OPERATION <u>11 Sept. 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Pelvic CARCINOMA & Metastases,</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Does not apply</u>		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) <u>Does not apply</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Does not apply</u>			
22. I hereby certify that I attended the deceased from <u>6-1</u> , 19 <u>52</u> , to <u>5/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5. 24</u> , 19 <u>53</u> , and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dyres D. Hunter M.A.</u> (Degree or title)				23b. ADDRESS <u>4500 Olive St. St. Louis</u>		23c. DATE SIGNED <u>5-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/26/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-26-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.O.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mayer 4356 Lindell Blvd</u>		

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *137*
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.