

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED OCT 9 - 1953

State File No. **34078**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8592**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON 4452</b> d. STREET ADDRESS (If rural, give location) <b>7525 PARKDALE</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>REBECCA</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>SLEIN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>SEPT 3 1953</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>UNKNOWN</b>
<b>9. AGE</b> (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>AUSTRIA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>HIRSH BIERMAN</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNKNOWN</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>LOUIS SLEIN</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <b>UNKNOWN</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ROSE GEIGER 7525 PARKDALE</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <b>years</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>420.0</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>1/3</u>, 19<u>53</u> to <u>9/3</u>, 19<u>53</u>, that I last saw the deceased alive on <u>9/3</u>, 19<u>53</u>, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Max S. Brankin M.D.</b>		<b>23b. ADDRESS</b> <b>634 N. Grand</b>	
<b>23c. DATE SIGNED</b> <b>9/3/53</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>	
<b>24b. DATE</b> <b>SEPT. 4, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CHEVRA KADISHA CEMETERY</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>HERMAN RINDSKOPF INC.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 3 1953</b>		<b>ADDRESS</b> <b>5216 DELMAR BLVD.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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. Dubrouille*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Va*

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

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