

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10241

FILED APR 5 1955

State File No.

2737

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
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| 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 OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
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| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hamilton Medical Center</u> | e. STREET ADDRESS (If rural, give location) <u>5681 Waterman Avenue</u> ²⁰⁵⁹ |
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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LENA</u> | b. (Middle) <u>PUFELES</u> | c. (Last) <u>STERN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Jan. 2, 1880</u> | 9. AGE (In years last birthday) <u>75</u> if under 1 year <u>2</u> Months <u>24</u> Days if under 24 hrs. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Max P. Pufeles</u> | 13b. MOTHER'S MAIDEN NAME <u>Dora Weinstein</u> | 14. NAME OF HUSBAND OR WIFE <u>Harry Stern</u> |
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| 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 <u>Mr. S. Pufeles-5660 Kingsbury Ave.</u> ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Rectum</u> | | |
| | ANTECEDENT CAUSES 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>154X</u> |
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22. I hereby certify that I attended the deceased from Jan 1953, to Mar 26, 1955, that I last saw the deceased alive on MAR 29 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>P.D. Stahl M.D.</u> | 23b. ADDRESS <u>462 N. Taylor</u> | 23c. DATE SIGNED <u>3/26/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3/27/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>MAR 26 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u> ADDRESS <u>5216 Delmar B</u> |
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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..... *John Ketter*

Licensed Embalmer No. *3880*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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