

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20015

FILED JUN 30 1955

State File No. \_\_\_\_\_  
Registrar's No. **4614**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>35 University City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>7359 Shaftsbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLARA</b>	b. (Middle) _____	c. (Last) <b>FEIGENBAUM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>Unk.</b>	9. AGE (In years last birthday) <b>ab. 75</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done in usual working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>	12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>
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13a. FATHER'S NAME <b>Abr. Patush</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <b>Harry</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Hyman Feigenbaum</b>	ADDRESS <b>1085 NO. 480</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>INTERCAPILLARY GLOMERULOSCLEROSIS ? YEARS.</b> DUE TO (c) <b>DIABETES MELLITUS ? YEARS.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HYPERTENSIVE-ARTERIOSCLER. H. D.</b>			

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? <b>260X</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1951, to **5/25**, 1955, that I last saw the deceased alive on **5/25**, 1955, and that death occurred at **7:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>David Seelman M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>639 N. GRAND</b>	23c. DATE SIGNED <b>5/25/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	24b. DATE <b>5/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 26 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	ADDRESS <b>4715 McPherson</b>
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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..... *Lawrence J. DiLullo*

Licensed Embalmer No. *3988*

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.