

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **24031**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6308**

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) **St. Louis** c. LENGTH OF STAY (In this place) **51 yrs.**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION **5769 Westminster** STREET ADDRESS (If rural, give location) **5769 Westminster**

3. NAME OF DECEASED (Type or Print) a. (First) **THERESA (AKA ROSE)** b. (Middle) _____ c. (Last) **LEVY** 4. DATE OF DEATH (Month) (Day) (Year) **JULY 21, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Wid.** 8. DATE OF BIRTH **Unk.** 9. AGE (In years last birthday) **ab 75** IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Hungary** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Israel Glaser** 13b. MOTHER'S MAIDEN NAME **Minna---** 14. NAME OF HUSBAND OR WIFE **Herman**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Johanna Rainey** ADDRESS **5769 Westminster**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Sigmoid Colon** INTERVAL BETWEEN ONSET AND DEATH **1 1/2 years**
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Generalized arteriosclerosis**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **153X** 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June**, 19**54**, to **July 21**, 19**55**, that I last saw the deceased alive on **July 21**, 19**55**, and that death occurred at **3:05 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Bernard H. Hunt M.D.** 23b. ADDRESS **4652 Maryland St. Louis Mo** 23c. DATE SIGNED **July 21-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 24b. DATE **7/22/55** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth** 24d. LOCATION (City, town, or county) (State) **University City Mo.**

DATE REC'D BY LOCAL REG. **JUL 22 1955** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Berger Memorial** ADDRESS **4715 McPherson**

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed *Peris D. Gudberg*.....

Licensed Embalmer No. *433*.....

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.