No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28196

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7332

1. PLACE OF DEATH
a. COUNTY: -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton 4452
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): # 24 Southmoor

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): A.
c. (Last): STEIN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 21, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 5, 1874
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 3, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Aaron Stein
13b. MOTHER'S MAIDEN NAME: Fannie Rosenthal
14. NAME OF HUSBAND OR WIFE: Emma Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mr. A. Ernest Stein — ADDRESS: 24 Southmoor

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Duodenal ulcer - perforation — INTERVAL BETWEEN ONSET AND DEATH: Four days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: " "

DUE TO (c): Arterio-sclerotic heart dis — INTERVAL BETWEEN ONSET AND DEATH: Four years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(Bundle Branch Block) — INTERVAL BETWEEN ONSET AND DEATH: 4 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] 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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 541.1

22. *I hereby certify that I attended the deceased from* _____, 19 22, *to* Aug 21, 19 55, *that I last saw the deceased alive on* Aug 21, 19 55, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Llewellyn Sale (Degree or title) MD
23b. ADDRESS: 4500 Olive
23c. DATE SIGNED: 8/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/23/55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Missouri

DATE REC'D BY LOCAL REG.: AUG 22 1955
REGISTRAR'S SIGNATURE: J. Carl Schmid MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Herman Rindskopf Inc. 5216 Delmar Bl.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 29

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.