

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30596**  
**7881**  
Registrar's No. ....

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>MISSOURI</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. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>CLAYTON</b> <i>4467</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>6317 CLAYTON RD.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVA</b>		b. (Middle) <b>BIRENBAUM</b>	c. (Last) <b>BIRENBAUM</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 7, 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>Abt. 74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>RUSSIA</b>
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>DR. MAX BIRENBAUM</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. BEN SCHNEIDER</b> ADDRESS <b>6317 CLAYTON RD.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>28 days</b>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Cerebral Arteriosclerosis years</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Generalized Arteriosclerosis years.</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <b>332X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Aug. 10, 1955</b> , to <b>Sept. 7, 1955</b> , that I last saw the deceased alive on <b>Sept. 6, 1955</b> , and that death occurred at <b>2:40 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Caro Berentson, M.D.</b>		23b. ADDRESS <b>607 N. Grand</b>	23c. DATE SIGNED <b>9/7/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>9/8/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CHESED SHEL EMETH CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>SEP 7 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HERMAN RINDSKOPF INC.</b> ADDRESS <b>5216 DELMAR BL.</b>	

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 *W. B. DuBois*

Licensed Embalmer No. *369*

P. O. Address *St. Louis*

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.