

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31916

State File No. ....

FILED SEP 22 1955

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2062</u>						
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>University City</u>		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 <u>Penn's Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>746 Lela nd</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>STONE</u> c. (Last) <u>STONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1955</u>									
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>about 1880</u>		9. AGE (In years less birthday) <u>AB75</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Morris Lerner</u>			13b. MOTHER'S MAIDEN NAME <u>Golda Steinwolf</u>			14. NAME OF HUSBAND OR WIFE <u>Jacob</u>						
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Stone</u> ADDRESS <u>746 Leland</u>								
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) <u>Cerebral thrombosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>  <u>unknown</u>  <u>unk</u>					
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)		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?	
22. I hereby certify that I attended the deceased from <u>March 23, 1950</u> to <u>Sept 3, 1955</u> , that I last saw the deceased alive on <u>Aug 31, 1955</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>Lewis Lettmann MD</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd (17)</u>				23c. DATE SIGNED <u>9/4/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>9/4/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>9/4/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>						

S.S.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 .....

Licensed Embalmer No..... 450

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.