

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34566**
9246
Registrar's No.

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | 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 JEWISH HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 5244 WATERMAN AVE. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) IDA | | | b. (Middle) _____ | | c. (Last) BENJAMIN | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1955 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | | 8. DATE OF BIRTH SEPT. 13, 1876 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Or the kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Leopold Benjamin | | | 13b. MOTHER'S MAIDEN NAME Babette Lederer | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. UNK. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Birdie B. Hirschfeld ADDRESS *6312 N. Rosebu | | | |
| 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) RUPTURE OF LEFT VENTRICLE ANTECEDENT CAUSES DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) CORONARY OCCLUSION II. OTHER SIGNIFICANT CONDITIONS EMBOLUS RT COMMON ILLIAC ARTERY Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 6-8 HRS 4-5 DAYS | |
| 19a. DATE OF OPERATION 10-20-55 | | 19b. MAJOR FINDINGS OF OPERATION EMBOLUS RT COMMON ILLIAC ARTERY | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 420.1 | | | |
| 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 10-20-55 , to 10-23, 1955 , that I last saw the deceased alive on 10-23, 1955 , and that death occurred at 10 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Kenneth D. Serber M.D. | | | | 23b. ADDRESS 216 S. Kingshighway | | 23c. DATE SIGNED 10-23-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 10/25/55 | 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. OCT 24 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf Inc. 5216 Delmar Blvd | | | |

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 *Peter B. Dubouille*

Licensed Embalmer No. *369*

P. O. Address *St. Louis, Mo.*

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.