

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34945**  
Registrar's No. **9150**

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)	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		a. STATE <b>Missouri</b>	
c. LENGTH OF STAY (in this place) <b>8 days</b>		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hosp.</b>		c. CITY OR TOWN <b>37 University City</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>8627 Brookshire Lane 4316</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Lillian</b>	b. (Middle) <b>Ruth</b>	c. (Last) <b>Lending</b>	(Month) <b>Oct.</b>	(Day) <b>20,</b>	(Year) <b>1955</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 19, 1902</b>	9. AGE (In years last birthday) <b>53</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New York, N. Y.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Sam Susman</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie (unk)</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Lending</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-18-9443</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward R. Lending</b>
		ADDRESS <b>8627 Brookshire</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction of myocardium</b>		DUE TO (b) <b>Anteriolateral coronary thrombosis</b>		<b>10 days</b>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
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 <b>420.1</b>	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) (Minute)	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 September, 1954, to October 20, 1955, that I last saw the deceased alive on October 20, 1955, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>John T. Lawton</b>	(Degree or title) <b>M.A.</b>	23b. ADDRESS <b>539 N. Grand Blvd.</b>	23c. DATE SIGNED <b>Oct. 20, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/21/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>

DATE REC'D BY LOCAL REG. <b>OCT 20 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	ADDRESS <b>4715 McPherson</b>
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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  .....

Licensed Embalmer No. 483

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.