

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38198

State File No. ....

9438

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 <b>Mo</b> b. COUNTY <b>ST LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 1/2 weeks</b>		c. CITY OR TOWN <b>University City</b>		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 Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>714 Interdrive</b>					
3. NAME OF DECEASED (Type or Print) <b>SIMON</b>			a. (First) <b>EISENBERG</b>			c. (Last)			
4. DATE OF DEATH <b>Oct. 27, 1955</b>		(Month) (Day) (Year)		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		8. DATE OF BIRTH <b>Sept. 19, 1891</b>		9. AGE (In years last birthday) <b>64</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>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barbershop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Herman Eisenberg</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Katie Eisenberg</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-05-8909</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Katie Eisenberg</b> ADDRESS <b>714 Interdrive</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolus</b>  ANTECEDENT CAUSES DUE TO (b) <b>Intramural clots, left heart</b> DUE TO (c) <b>arteriosclerotic valves -</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Embolic to left femoral</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>3 weeks</b> <b>?</b> <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>				20. AUTOPSY? YES <input 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)					
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>Oct 1, 1955</b> , to <b>Oct 27, 1955</b> , that I last saw the deceased alive on <b>Oct 27, 1955</b> , and that death occurred at <b>11:00P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Alfred Feldman</b>				23b. ADDRESS <b>634 No. Pearl</b>		23c. DATE SIGNED <b>10/29/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/30/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>		24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 29 1955</b>		REGISTRAR'S SIGNATURE <b>G. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>					

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Samuel J. De la...*

Licensed Embalmer No. 39

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.