

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38921

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10534

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				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 4232 Maryland Ave.				e. STREET ADDRESS (If rural, give location) 19 4232 Maryland Ave. 21990							
3. NAME OF DECEASED (Type or Print) a. (First) Elsie				b. (Middle)		c. (Last) Stein		4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1955			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH May 21, 1881		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 6				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Colone, Germany			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME August Schwartz			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mr. Fred Stein					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Stein, 4232 Maryland Ave.							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation DUE TO (c) Decompensation & Coronary Sudden failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 1996- 1955 2 weeks + 12 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION - 420.0				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) (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 1-13-53, 19__ to 11-30-55, 19__, that I last saw the deceased alive on 11-28-55, 19__, and that death occurred at About 6 AM., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title?) J. Fred W. Clark M.D.				23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo				23c. DATE SIGNED 11-30-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. DEC 2 1955		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.			

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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