

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42385

State File No.

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11057

1. PLACE OF DEATH a. COUNTY _____		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>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 days</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>Jewish Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>8330 Richard</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) _____ c. (Last) <u>MARKOVSKY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>Dec. 25, 1899</u>
9. AGE (In years last birthday) <u>55</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. MOTHER'S MAIDEN NAME _____	

13a. FATHER'S NAME <u>Abr. Mermelstein</u>		14. NAME OF HUSBAND OR WIFE <u>Leon</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>Leon Markovsky</u>		ADDRESS <u>8330 Richard</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> <u>Carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>3 yrs.</u> <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170x um</u>			

19. MAJOR FINDINGS OF OPERATION <u>Liver involvement; multiple bone metast.</u> <u>Liver involvement; multiple bone met.</u>		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) _____	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>Apr. 18, 1946</u> , to <u>Dec. 16, 1955</u> , that I last saw the deceased alive on <u>Dec. 16, 1955</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>Henry Rosenfeld</u> (Degree or title) <u>M.D. etc.</u>		23b. ADDRESS <u>3903 Olive St. Louis</u>		23c. DATE SIGNED <u>12-16-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>	24b. DATE <u>12/18/55</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>DEC 19 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memoria</u>	ADDRESS <u>14715 McPherson</u>
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(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 .....
Licensed Embalmer No. 488

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.