

0.300  
0.48

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42422  
State File No. 11351

318 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>10 yrs</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>Jewis h Hosp.</b>		STREET ADDRESS (If rural, give location) <b>6500 Bartmer</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FANNIE</b> b. (Middle) c. (Last) <b>MITLEIDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>	8. DATE OF BIRTH <b>Oct. 3, 1900</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
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	11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>

13a. FATHER'S NAME <b>Jos. Bierman</b>		13b. MOTHER'S MAIDEN NAME <b>Bella (unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Joe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe Mittleider 6500 Bartmer</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute diapragmatic impendible infection 48 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic coronary thrombosis</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND 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)		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 **12/25, 1955**, to **12/26, 1955**, that I last saw the deceased alive on **12/26, 1955**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>David M. Houser, M.D.</b>		(Degree or title) <b>Unk.</b>		23b. ADDRESS <b>Unk.</b>		23c. DATE SIGNED <b>12/27/55</b>	
--	--	-------------------------------	--	-----------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>12/28/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Amoona</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>	
--	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>	
--	--	---	--	---	--

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

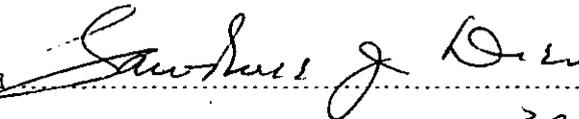
---

---

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. 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.