

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11483**

FILED MAR 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2423**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>5 days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b>  STREET ADDRESS (If rural, give location) <b>5 5432 Bartmer</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>ANNA</b> a. (First) _____ b. (Middle) <b>Stepenoff</b> c. (Last) _____	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 7, 1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Wid.</b>	<b>8. DATE OF BIRTH</b> <b>April 6, 1886</b>	<b>9. AGE</b> (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lithuania</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Hyma n Forman</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Esa Brown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Pollack 5432 Bartmer</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>pulmonary-mycardial infarction</b> <b>pulmonary or myocardial infarct</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>amputation of leg.</b> DUE TO (c) <b>amputation of leg.</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 hour</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.		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Arteriosclerosis; gangrene of leg</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, gangrene of leg</b>		

<b>19a. DATE OF OPERATION</b> <b>3/4/56</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Gangrene of leg Gangrene of leg</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 3/3, 1956, to 3/7, 1956, that I last saw the deceased alive on 3/7, 1956, and that death occurred at 1:00 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>G.E. Gruenfeld</b> (Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Noo olive 4500 Olive</b>	<b>23c. DATE SIGNED</b> <b>3/8/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Rem.</b>	<b>24b. DATE</b> <b>3/8/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Beth Hamedrosh Hagodol</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Ladue, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 8 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Berger Memorial 4715 McPherson</b>
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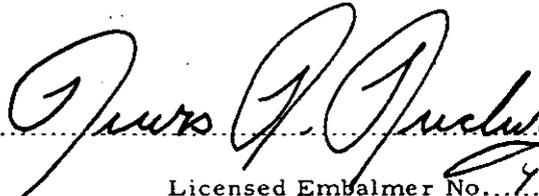
(Licensed Embalmer's Statement on Reverse Side)

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. 41

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.