

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22264

State File No. ....

BIRTH NO. 42400-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1324

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Ladue 7431</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>St. Louis County Hosp</u>		STREET ADDRESS (If rural, give location) <u># 8 Ladue Forest</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JILL</u> b. (Middle) <u>LEIGH</u> c. (Last) <u>SAMUELS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6/5/56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 7, 1956</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Samuels</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Bittenberg</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>Edward Samuels-8 Ladue Forest</u>	ADDRESS <u>8 Ladue Forest</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>German Measles Virus</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>492x</u>
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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?
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22. I hereby certify that I attended the deceased from 5. 8. 56, 1956, to 6. 5. 56, 1956, that I last saw the deceased alive on 5. 15. 56, 1956, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. D. Cohen M.D.</u>	23b. ADDRESS <u>15 N. Brentwood Blvd Clayton, Mo.</u>	23c. DATE SIGNED <u>6. 6. 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Donham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u>	ADDRESS <u>5216 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Pa. 5-0276

**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

*Not Embalmed*

Signed.....  
Licensed Embalmer No.....

*Attest*  
P. O. Address.....  
*3691*

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.