

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25600**

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1690			
1. PLACE OF DEATH a. COUNTY: St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: St. Louis					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN: Rural Airport.)		c. LENGTH OF STAY (In this place) 3 mos.		c. CITY OR TOWN: University City		d. If 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: Jewish Sanatorium				e. STREET ADDRESS (If rural, give location): 6249 Cates Avenue					
3. NAME OF DECEASED (Type or Print) FANNIE			a. (First)		b. (Middle)		c. (Last) LEVY		
5. SEX: Female		6. COLOR OR RACE: White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed		8. DATE OF BIRTH: July 8, 1876		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife			10b. KIND OF BUSINESS OR INDUSTRY: At Home			11. BIRTHPLACE (City and State or Foreign Country): Russia		12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Unknown Miller			13b. MOTHER'S MAIDEN NAME: Unknown			14. NAME OF HUSBAND OR WIFE: Isaac			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Meyer Levy 420 Edgewood, Clayton					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, chronic uricemia						INTERVAL BETWEEN ONSET AND DEATH 2 weeks several months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 April 30, 1956 to July 12, 1956 , that I last saw the deceased alive on July 11, 1956 and that death occurred at 12:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry G. Steinberg M.D.				23b. ADDRESS 462 No. Taylor			23c. DATE SIGNED 7/12/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/13/1956		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag.		24d. LOCATION (City, town, or county) (State) Ladue, Missouri			
DATE REC'D BY LOCAL REG. 7-12-56		REGISTRAR'S SIGNATURE Herbert B. Donham			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.				

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

FANNIE STEINBERG

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 *Quirio J. Quirio*
Licensed Embalmer No. *4827*

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.