

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28680**
Registrar's No. **6515**

FILED SEP 7 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN Clayton d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 3 days | | e. STREET ADDRESS (If rural, give location) 6310 So Rosebury | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Kleyman c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Nev. Marr. | 8. DATE OF BIRTH Unknown. |
| 9. AGE (In years last birthday) ab. 45 | | 10. MONTHS | 11. DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Solomon Kleyman | | 13b. MOTHER'S MAIDEN NAME Ida Feldman | |
| 14. NAME OF HUSBAND OR WIFE -- | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Solomon Kleyman | | ADDRESS 6310 So. Rosebury | |
| 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) Arteriosclerotic heart disease Parkinsons Disease ANTECEDENT CAUSES Parkinsons Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Pulmonary edema DUE TO (b) Acute Pulmonary edema DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH months + 25 years 5-6 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | |
| 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) 7-11-56 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 1950 7-11-56 | | | |
| 22. I hereby certify that I attended the deceased from July 11, 1956 , to July 11, 1956 , that I last saw the deceased alive on July 11, 1956 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above 7-11-56 | | | |
| 23a. SIGNATURE Llewellyn Sale | | 23b. ADDRESS 100 N. Euclid | |
| 23c. DATE SIGNED 7/11/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. | | 24b. DATE 7/12/56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | | 24d. LOCATION (City, town, or county) (State) University City, Mo. | |
| DATE REC'D BY LOCAL REG. JUL 12 1956 | | REGISTRAR'S SIGNATURE Charles Smith MO | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial | | ADDRESS 4715 McPherson | |

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 *Quinn Q. Quaid*.....

Licensed Embalmer No. 4229

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.