

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32408**
Registrar's No. **8226**

FILED OCT 3 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>University City</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. Lukes</u>			e. STREET ADDRESS (If rural, give location) <u>7310 Dartmouth</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) _____	c. (Last) <u>SEIGAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>Ab. 1892</u>	9. AGE (In years last birthday) <u>ab. 64</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unk. Silverstein</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Isadore</u>	
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>Mary Greenberg #5 Delcrest</u> ADDRESS _____		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with acute heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cause of ulcers. Cholelithiasis + cholecystitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years 5 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>420.04</u>				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) _____		21f. HOW DID INJURY OCCUR? _____
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 <u>1951</u> , 19____, to <u>9/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/4</u> , 19 <u>56</u> , and that death occurred at <u>3:30Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert Paris</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington, St. Louis</u>		23c. DATE SIGNED <u>9/5/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>	24b. DATE <u>9/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>SEP 5 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial 4715 W. Pherson</u> ADDRESS _____		

(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. 3988

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.