

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39805

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10254

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS c. CITY OR TOWN UNIVERSITY CITY <i>4346</i> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 7487 GANNON AVE.	
3. NAME OF DECEASED a. (First) YETTA b. (Middle) _____ c. (Last) SHENBERG		4. DATE OF DEATH (Month) (Day) (Year) NOV. 9, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH UNK.
9. AGE (In years last birthday) ABT. 62	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) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MAX SHENBERG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) UNK. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNK.	
17. INFORMANT'S SIGNATURE OR NAME Max Shenberg ADDRESS 7487 Gannon Ave.			
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis DUE TO (c) Azotemia, uremia	
		INTERVAL BETWEEN ONSET AND DEATH 10 years + years 2 mos. 1 week years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. plemonary edema, pleural effusion, nephrosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? ... 592X	
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) _____	
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 Sept 13, 1956 , to Nov. 9, 1956 , that I last saw the deceased alive on Nov. 8, 1956 , and that death occurred at 6:55 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Havellem Sale, Jr.</i>		23b. ADDRESS M.D. 100 N. Euclid	
23c. DATE SIGNED 11/9/56		24a. BURIAL, CREMATION REMOVAL (Specify) Removal	
24b. DATE 11/11/56		24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		DATE REC'D BY LOCAL REG. NOV 9 1956	
REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindkopf Inc.	
ADDRESS 5216 Delmar Bl.		(Licensed Embalmer's Statement on Reverse Side)	

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 *Peter B. Dubouille*

Licensed Embalmer No. *369*

P. O. Address *St. Louis*

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.