

S. No. 300
V. 10.46

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. **43615**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11034**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Jewish Hospital		d. STREET ADDRESS (If rural, give location) 570 5781 McPherson	

3. NAME OF DECEASED (Type or Print) Mamie Neuman			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1st, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 24, 1892		9. AGE (In years last birthday) Months Days Hours Mts. 63
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) Poland	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Victor A. Leff		13b. MOTHER'S MAIDEN NAME Pauline (unk)		14. NAME OF HUSBAND OR WIFE Jacob Neuman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob Neuman 5781 McPherson	

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) Cerebral Vascular Accident (Hemorrhage or Thrombosis) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - Hypertension DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH Yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Cerebral Thrombosis			Yrs. July 1956

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)		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 7/25, 1956 , to 12/1, 1956 , that I last saw the deceased alive on 11/17, 1956 , and that death occurred at 11 a.m. , from the causes and on the date stated above.					

23a. SIGNATURE Ray Greenbaum MD		23b. ADDRESS 4652 Mansfield		23c. DATE SIGNED 12/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-3-56		24c. NAME OF CEMETERY OR CREMATORY New Mt. Sinai Cem.	
		24d. LOCATION (City, town, or county) (State) Afton, Mo.			

DATE REC'D BY LOCAL REG. DEC 3 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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
Student Embalmer

Signed *Lawrence J. Delia*

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 this body is not embalmed, fact should be so stated above.