

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44338

STATE FILE NUMBER

FILED DEC 20 1956

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2889

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ladue</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Ladue 4431</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>14 Rio Vista</u>  |                                  | Length of stay in 1b<br><u>years</u>  | d. STREET ADDRESS (If outside, give location)<br><u>14 Rio Vista</u><br>Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>MILDRED</u> Middle <u>E.</u> Last <u>SUSMAN</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>5</u> Year <u>1956</u>   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 23, 1913</u>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At home</u>  |                                  | 9b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>  | 9c. AGE (In years last birthday)<br><u>43</u><br>IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At home</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Los Angeles, Calif.</u>  |
| 13. FATHER'S NAME<br><u>Frank Stone</u>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   | 17. INFORMANT Address<br><u>Mr. Earl Susman - 14 Rio Vista</u>  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) <u>4201</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>moment</u>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____, Month _____, Day _____, Year _____<br>a. m. _____ p. m. _____  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |
| 21. I attended the deceased from <u>June 1949</u> to <u>Dec 5, 1956</u> and last saw her/him alive on <u>Dec 3 '56</u><br>Death occurred at <u>6 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>I Amunbaum M.D.</u>  |                                  | 22b. ADDRESS<br><u>3701 Grandel Sq</u>  | 22c. DATE SIGNED<br><u>12-6-56</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>CREMATION</u>   | 23b. DATE<br><u>12/7/56</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Valhalla Crematory</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Herman Rindskopf, Inc., 5216 Delmar</u>  |                                  | 25. DATE REC'D. BY LOCAL REG.<br><u>12-7-56</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Walter R. ...</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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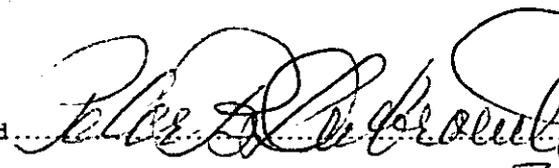
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STATEMENT BY LICENSED EMBALMER

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. 710

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.