Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10374

FILED MAR 18 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER Registrar's No. 1611

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hosp. — Length of stay in 1b: 40 yrs. 2 69

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1391 Burd — Reside on Farm Yes ☐ No ☒

32

3. NAME OF DECEASED (Type or print): First: ANNA Middle: HARTSTEIN Last:

4. DATE OF DEATH (Month Day Year): Feb. 16, 1957

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 5, 1909,

9. AGE (In years last birthday): 56

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): USSR

12. CITIZEN OF WHAT COUNTRY?: USSR

13. FATHER'S NAME: Unk. Bernd

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Nathan Hartstein 1391 Burd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 190X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 11, 1957 to Feb 16, 1957 and last saw her/him alive on Feb 16, 1957. Death occurred at 11 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B. Shaughnessy M.D.

22b. ADDRESS: 3720 Washington St. Louis

22c. DATE SIGNED: 2/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.

23b. DATE: 2/17/57

23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha

23d. LOCATION (City, town, or county) (State): University City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.: FEB 18 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.S.B.

(Licensed Embalmer's Statement on Reverse Side)

No	None	Nathan Hartstein 1391 Burd									
Unk. Berni		Unk.									
Housewife		USSR									USSR
Female	White		Dec.5,1900.		56						