

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15281

State File No. \_\_\_\_\_  
Registrar's No. 4272

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5100 Arsenal St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Sherman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 31, 1886</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>
12. CITIZEN OF WHAT COUNTRY? <u>Russia</u>		13. FATHER'S NAME <u>John Sherman</u> MOTHER'S MAIDEN NAME <u>Esther Greenspoon</u> NAME OF HUSBAND OR WIFE _____	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unk.</u> (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>Unk.</u> 16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. I. Askenasy-1248 N. Kirkwood Rd</u> ADDRESS _____	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		18. MEDICAL CERTIFICATION with I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas metastasis to lower lymph nodes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec. 5th, 1913</u> , to <u>May 3rd, 1957</u> , that I last saw the deceased alive on <u>May 3rd, 1957</u> , and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Anna Hyman</u> (Degree or title) <u>MB</u>		23b. ADDRESS <u>5100 Arsenal Street</u>	
23c. DATE SIGNED <u>5-4-1957</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5/6/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u> ADDRESS <u>5216 Delmar Bldg.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 6 '57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> (Licensed Embalmer's Statement on Reverse Side)	

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

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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 *John Ketter* .....  
Licensed Embalmer No. *3880* .....

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.