

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15441

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3945**

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) INSTITUTION Jewish Hosp.		Length of stay in 1b 44 yrs. 209 STREET ADDRESS 1438 E. Grand (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) PEARL First Middle Last WEISER		4. DATE OF DEATH Apr. 24, 1957 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1879
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 77	9c. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
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
13. FATHER'S NAME Unk Frenderman		12. CITIZEN OF WHAT COUNTRY? USSR	
14. MOTHER'S MAIDEN NAME Unk.		16. SOCIAL SECURITY NO. Unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		17. INFORMANT Edel Weiser 1614 18th, Galveston, Tex. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis DUE TO (b) Arteriosclerosis, Generalized. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Asthma, Bronchial			INTERVAL BETWEEN ONSET AND DEATH 1 day. Yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour Month, Day, Year 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 Oct. 53 to 4/24/57 and last saw her alive on 4/23/57 Death occurred at 3:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ray Greenbaum MD (Degree or title)		22b. ADDRESS 4652 Maryland.	
22c. DATE SIGNED 4/25/57.		23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	
23b. DATE 4/25/57		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
23d. LOCATION (City, town, or county) University City, Mo. (State)		24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson ADDRESS	
25. DATE RECD. BY LOCAL REG. APR 25 '57		26. REGISTRAR'S SIGNATURE Paul Smith MD	

	Mo.		
x	St. Louis	x	St. Louis
x	1438 n. Grand	At Mrs. Jewish Hosp.	
	APR. 24, 1957	PEARL	
	AUG. 12, 1879 77	White	Female
	USSR	USSR	Housewife
	Unk.	Unk. rumberman	Unk rumberman
	Unk. 18th, Galveston, Tex.	Unk.	No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Edward J. Bir

Licensed Embalmer No. 398

P. O. Address.....

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