

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

**15696**

**FILED MAY 13 1957**

Registration District No. **317**

Primary Registration District No. **590**

Registrar's No. **1132**

Health, Welfare & Public Service

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 <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wellston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rockwood Manor</b>		Length of stay in lb <b>2 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>6358 Alamo</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>REBECCA</b>			4. DATE OF DEATH <b>4-30-57</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Unk.</b>	9. AGE (In years last birthday) <b>ab. 90</b>	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and state or country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Unk. Nehman</b>			14. MOTHER'S MAIDEN NAME <b>Unk.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Sam Prelutsky 727 Wenneker</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-vascular Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart Disease</b> DUE TO (c) <b>pneumonia</b> 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 <b>2 wks</b> <b>2 yrs</b> <b>3 days</b>
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 a. m. p. m. Month, Day, Year					
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 <b>Sept 24, 1956</b> to <b>April 30, 1957</b> and last saw her <b>him</b> alive on <b>April 30, 1957</b> . Death occurred at <b>11:00 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Robert</b>			22b. ADDRESS <b>1105 Central</b>		22c. DATE SIGNED <b>May 1, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur.</b>	23b. DATE <b>5/3/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh Hagodol</b>		23d. LOCATION (City, town, or county) (State) <b>Ladue, Mo</b>	
24. FUNERAL DIRECTOR <b>Berger Memorial</b>		ADDRESS <b>4715 W. Cherson</b>	25. DATE RECD. BY LOCAL REG. <b>5-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert A. Dombrowski</b>	

