

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26436**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6570**

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, write RURAL and give township) c. LENGTH OF STAY (in this place)  
**St. Louis** \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **Jewish Hospital** \* STREET ADDRESS (If rural, give location)  
**570 5902 Horton Pl.**

3. NAME OF DECEASED a. (First) **Myrtle** b. (Middle) **H.** c. (Last) **Paine** 4. DATE OF DEATH (Month) (Day) (Year)  
**July 14th 1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 14th 1904** 9. AGE (in years last birthday) **53** 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 Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles Skinner** 13b. MOTHER'S MAIDEN NAME **Mary L. Zertanna** 14. NAME OF HUSBAND OR WIFE **Allen W. Paine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **494-10-7945** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Allen W. Paine 5902 Horton Pl.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Breast c metastases** INTERVAL BETWEEN ONSET AND DEATH **4 years**  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (c) **170x**  
II. OTHER SIGNIFICANT CONDITIONS **Rheumatic Heart Disease c mitral stenosis** **4 years**  
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Sept 1955**, to **July 14, 1957**, that I last saw the deceased alive on **July 13, 1957**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Arren Berenbaum** (Degree or title) **M.D.** 23b. ADDRESS **607 N. Grand** 23c. DATE SIGNED **7/14/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **7-17-57** 24c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUL 15 57** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **KRIEGSHAUSER 4228 S Kingshighway**

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

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 *Edwin A. G. G.*  
.....

Licensed Embalmer No. 3020

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.