

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26900

STATE FILE NUMBER

FILED JUL 17 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1600

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8505 Everett</u>		Length of stay in 1b <u>3 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>8505 Everett</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LILLIAN (AKA FANE)</u> Middle <u>FEINSTEIN</u> Last <u>FEINSTEIN</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 19, 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>New York, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Wolf Brod</u>			14. MOTHER'S MAIDEN NAME <u>Adele (unk)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>Beatrice Lerner 8505 Everett</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u>					<u>3 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Atherosclerosis, general.</u>					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.) <u>1443X</u>			
20c. TIME OF INJURY Hour <u>  </u> a. m. <u>  </u> p. m. <u>  </u> Month, Day, Year <u>  </u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>  </u>		COUNTY <u>  </u>	STATE <u>  </u>
21. I attended the deceased from <u>Sept 9, 1955</u> to <u>June 22, 1957</u> and last saw her alive on <u>June 22, 1957</u> Death occurred at <u>2:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE <u>Robert S. Menkhaus</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>508 N. Grand, St. Louis Mo.</u>		22c. DATE SIGNED <u>June 24, 1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Ren.</u>	23b. DATE <u>6/24/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Queens, New York.</u>	
24. FUNERAL DIRECTOR <u>Berger Memorial 4 715 McPherson</u>			25. DATE RECD. BY LOCAL REG. <u>6-24-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombard</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Health, 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

300  
56

St. Louis	Mo.	St. Louis
x	Richmond Heights	x Richmond Heights
x	8505 Everett	8505 Everett
June 25, 1957	FEINSTEIN	WILLIAM (AKA FAME)
July 19, 1891		Female
USA	New York, N.Y.	Housewife
	Abela (mk)	Wolf Brod
Bestrice Lerner 8505 Everett	mk.	Mo

**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 *Lawrence J. De...* .....  
Licensed Embalmer No. 398

P. O. Address .....

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