

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37756

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's 9495

Health & Welfare  
Public Health 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Clayton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns</b>		d. STREET ADDRESS <b>6322 N. Rosebury</b>	
3. NAME OF DECEASED (Type or print) First <b>ESTHER</b> Middle <b>LEVY</b> Last <b>LEVY</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>10</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <b>Unk.</b>	8. DATE OF BIRTH <b>ab. 84</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. AGE (In years last birthday) Months <b>4</b> Days <b>10</b> Hours <b>10</b> Min.	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>London, Md.</b>	
13. FATHER'S NAME <b>Jacob Wolf</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</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>Jack Levy</b>		Address <b>6322 S. Rosebury</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>Myocardial Infarction</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>42010</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Cerebral Hemorrhage; Gastro-intestinal Hemorrhage</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> 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 <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a. m. <b>—</b> p. m. <b>—</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>Oct 7, 57</b> to <b>Oct 10, 57</b> and last saw <b>her</b> alive on <b>Oct 10, 57</b> Death occurred at <b>3:45</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph V. O'Donnell, M.D.</b>		22b. ADDRESS <b>634 N. Grand, St. Louis, Mo.</b>	
22c. DATE SIGNED <b>Oct 10, 57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	23b. DATE <b>10/13/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	23d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>
24. FUNERAL DIRECTOR <b>Berger Memorial</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 11 57</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith</b>

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 *Quito G. Quintero* .....  
Licensed Embalmer No. 428

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 so stated above.

Better Memorial Park No. 1000