

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4002

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 146

800  
-57

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>Olivette</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Olivette 4380</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8940 Chickasaw</u>		Length of stay in lb <u>7 mths</u>	d. STREET ADDRESS (If outside, give location) <u>1131 Hilltop</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FANNIE GOLD</u>			4. DATE OF DEATH Month Day Year <u>Jan. 15, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>unk.</u>
9. AGE (In years last birthday) <u>AB 60</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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>USSR</u>
12. CITIZEN OF WHAT COUNTRY? <u>USSR</u>		13. FATHER'S NAME <u>Sander Caminsky</u>	
13b. MOTHER'S MAIDEN NAME <u>Leah (unk)</u>		14. NAME OF HUSBAND OR WIFE <u>Jack</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>None</u>	17. INFORMANT Address <u>Jack Gold 1131 Hill Top</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>Cardiac decompensation</u> DUE TO (b) <u>A.S. C.V.R. disease</u> DUE TO (c) <u>442X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Uncertain</u> <u>Uncertain</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u> <u>Generalized arteriosclerosis</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <u>None</u>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>June 18, 1957</u> to <u>Jan. 15, 1958</u> and last saw her alive on <u>Jan. 14, 1958</u> Death occurred at <u>10:15 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. G. Greenhewer, MD</u>		22b. ADDRESS <u>35 N. Central Ave., Clayton, Mo.</u>	22c. DATE SIGNED <u>Jan. 16, 1958</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Bur.</u>		23b. DATE <u>1/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>
23d. LOCATION (City, town or county) (State) <u>University City, Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Berger Memorial 4715 McPherson</u>	
25. DATE RECD. BY LOCAL REG. <u>1-16-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombke MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, or registrar must be causally related.

acc

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  .....  
Licensed Embalmer No. 4229 .....  
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.