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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007747
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1700

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN University City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Length of stay in hospital	STREET ADDRESS 7336 Hawthorne (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: TOBY Middle: Last: RUMACK			4. DATE OF DEATH Month Day Year: FEB. 12, 1958	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Unknown	9. AGE (In years last birthday): Abt. 80 — 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): At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Unk.		14. MOTHER'S MAIDEN NAME: Unk.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): Unk.		16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT Address: Thomas Rumack 7336 Hawthorne	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac Decompensation — 24 hours

DUE TO (c) Pulmonary Edema — 24 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Diabetes Mellitus 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 1947, to 2/12/58 and last saw her alive on 2/12/58

Death occurred at 9 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herman H. Meyer M.D. (Degree or title)	22b. ADDRESS: 4409 West Pine	22c. DATE SIGNED: 2/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/14/58	23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.	23d. LOCATION (City, town, or county) (State): St. Louis County Missouri
24. FUNERAL DIRECTOR: Herman Rindskopf Inc.	ADDRESS: 5216 Delmar	25. DATE RECD. BY LOCAL REG.: FEB 13 '58	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Peter B. Debrouillet

Licensed Embalmer No. 36

P. O. Address St. Louis

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 so stated above.