Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016391

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4320

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 Jewish Hosp. — Length of stay in 1b 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. — b. COUNTY St.Louis 4376
c. CITY OR TOWN University City — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 27 7369 Delmar — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Clara Middle Last Rudman

4. DATE OF DEATH Month 4 Day 20 Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) at 85 — 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 country) Austria 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ephraim Weisenfeld
13b. MOTHER'S MAIDEN NAME Malka (unk)
14. NAME OF HUSBAND OR WIFE Louis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. A Friedman — Address 7400 Amherst

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) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolar Nephrosclerosis
DUE TO (c) Pneumonia 442 x
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ASHD Congestive Heart Failure

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 4-10-58, to 4-20-58 and last saw her/him alive on 4-20-58
Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jim R Wetherfield MD
22b. ADDRESS So Louis Jewish Hospital
22c. DATE SIGNED 4-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.
23b. DATE 4/21/58
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial — ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. APR 21 '58
26. REGISTRAR'S SIGNATURE Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4629

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.