

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023159

STATE FILE NUMBER

FILED JUL 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

6276

300
1-56

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) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If outside, give location) Congress Hotel | |
| 3. NAME OF DECEASED (Type or print) SAM BRONSTEIN | | 4. DATE OF DEATH JUNE 23rd, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Abt. 81 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 9b. KIND OF BUSINESS OR INDUSTRY Stocks & Bonds | 9c. AGE (In years last birthday) Abt. 81 | 9d. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/> |
| 10a. Retired | 10b. Stocks & Bonds | 11. BIRTHPLACE (City and state or country) Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Emanuel Bronstein | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk. | | 16. SOCIAL SECURITY NO. Unk. | |
| 17. INFORMANT Mrs. Rae Bronstein | | Address Congress Hotel | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure, Bronchopneumonia, advanced nephrosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 1 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension | | | |
| DUE TO (c) Cirrhosis of Portal Vein | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE DISEASE CONDITION GIVEN IN PART I(a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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.) 177+ | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | 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 June 6, 1958 , to June 29, 1958 and last saw him alive on June 29, 1958 . Death occurred at 8 A. m. on the day stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Morris Abramson (Degree or title) M.D. | | 22b. ADDRESS 4407 W. Pine St. Louis 8 | 22c. DATE SIGNED 6/23/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6/25/58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri |
| 24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar | | 25. DATE RECD. BY LOCAL REG. JUN 24 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P. |

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 *Peter B. Rubino*

Licensed Embalmer No. *36*

P. O. Address *W. H. ...*

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.