

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038192

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9750

5. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo.   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                           | c. CITY OR TOWN St. Louis   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Jewish Hosp.   |                           | d. STREET ADDRESS (If outside, give location)<br>5651 Wells   |  |
| 3. NAME OF DECEASED (Type or print)<br>SARAH  |                           | 4. DATE OF DEATH<br>Month Day Year<br>Oct. 12, 1958   |  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Dec. 7, 1909   |
| 10a. USUAL OCCUPATION (Give kind of work done during month preceding death even if retired)<br>Housewife  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.                                   |
| 13a. FATHER'S NAME<br>Meyer Spiegelglass  |                           | 13b. MOTHER'S MAIDEN NAME<br>Fannie Scolnick  | 14. NAME OF HUSBAND OR WIFE<br>Joseph  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                           | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT Address<br>Jack Spiegelglass 6027 Westminister                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic Congestive Heart Failure</u>  |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>1 mo   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Uremia</u>  |                           |   |  |
| DUE TO (c) <u>Chronic Nephritis</u> 592x  |                           |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Diabetes</u>  |                           |   | 19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.   |                           |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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>Oct 9, 1958</u> to <u>Oct 12, 1958</u> and last saw her alive on <u>Oct 11, 1958</u><br>Death occurred at <u>8:50 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Jerome E. Cook, M.D.</u>   |                           | 22b. ADDRESS<br><u>4409 W. Pine</u>   |  |
|   |                           | 22c. DATE SIGNED<br><u>Oct 13 '58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Rem.</u>  |                           | 23b. DATE<br><u>10/13/58</u>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Chesed Shel Emeth</u>  |                           | 23d. LOCATION (City, town, or county) (State)<br><u>Univers ty City, Mo.</u>  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Berger Memorial 4715 McPherson</u>   |                           | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 14 '58</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith MD</u>   |                           |   |  |

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 *Lawrence J. Davis* .....

Licensed Embalmer No. *3988* .....  
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.