Health, Welfare Public Service

300 3
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041762
STATE FILE NUMBER 11335

FILED DEC 15 1958 Registration District No. 318 Primary Registration District No. 1008 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1438 E. Grand — Length of stay in Ib 11 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN University City 4006 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 27 616 Leland — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mollie Middle: Last: Kanfer
4. DATE OF DEATH Month Day Year: Nov. 22, 1958
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Ab. 72 — 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: At Home
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Abraham Fishman
13b. MOTHER'S MAIDEN NAME: Rifka (unknown)
14. NAME OF HUSBAND OR WIFE: Harry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Betty Littman Address: 616 Leland Avenue

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Yrs.
DUE TO (c) Arteriosclerosis, Generalized — Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0
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 10/54, to 11/22/58 and last saw her/him alive on 11/20/58
Death occurred at 9:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy Greenbaum MD (Degree or title)
22b. ADDRESS 4652 Maryland
22c. DATE SIGNED 11/24/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/25/1958
23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha
23d. LOCATION (City, town, or county) (State): University City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Ave.
25. DATE RECD. BY LOCAL REG.: NOV 25 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.