

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023173
STATE FILE NUMBER

FILED JUN 19 1959 Registration District No. Primary Registration District No. Regi^{str}'s 4940

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| 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 | | c. CITY OR TOWN Clayton 4452 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If outside, give location) 7557 York Dr. | |

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|---|---------------------------|---|--|--|------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last ESTELLE MANDELSTAMM | | | 4. DATE OF DEATH Month Day Year MAY 20th, 1959 | | |
| 5. SEX Female | 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 March 12, 1903 | | 9. AGE (In years last birthday) 56 |

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|--|-----------------------------------|--|--|
| 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) St. Louis Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME ABRAHAM LONDON | | 14. MOTHER'S MAIDEN NAME DORA BLUMENTHAL | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) UNK. | 16. SOCIAL SECURITY NO. UNK. | 17. INFORMANT Address Henry Mandelstamm 7557 York Dr. |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydropneumothorax, right | | INTERVAL BETWEEN ONSET AND DEATH 3 mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of lungs, metastatic, primary unknown | | 10 mos. |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 165x | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|---|
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 |

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|--|-------------------------------|-----------------------------|
| 21. I attended the deceased from Jan. 1958 to May 20, 1959 and last saw her alive on 5-20-59 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Llewellyn Hall, Jr. | 22b. ADDRESS 100 N. Euclid | 22c. DATE SIGNED 5-21-59 |

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|---|----------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5/22/59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar | | 25. DATE RECD. BY LOCAL REG. MAY 21 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

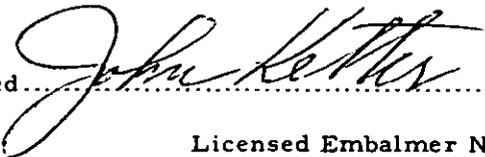
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STATEMENT BY LICENSED EMBALMER

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. 38

P. O. Address.....

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.