RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033770

FILED VS OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's 8-8897

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 70 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5712 Kingsbury
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: LENA
Middle: EISEN
Last:

4. DATE OF DEATH Month: Sept. Day: 26 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Unk

9. AGE (last birthday): ab.96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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): Latavia

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unk. Gallant

13b. MOTHER'S MAIDEN NAME: Unk.

14. NAME OF HUSBAND OR WIFE: Manuel

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. Rose Sentner Address: 5712 Kingsbury

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): Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rheumatoid arthritis. – Parkinson's Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Feb. 26, 1942, to Sept. 26. 59 and last saw her/him alive on Sept 26. 59
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray H. Steinberg, M.D.

22b. ADDRESS: 216 So. Kingshighway

22c. DATE SIGNED: 9/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9/28/59

23c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrosh Hagodol

23d. LOCATION (City, town, or county) (State): Ladue, Mo.

24. FUNERAL DIRECTOR: Berger Memorial
ADDRESS: 4715 McPherson

25. DATE RECD. BY LOCAL REG.: SEP 28 '59

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 3988

P. O Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.