URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1960 318 1003 6908 -60-028366

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

ENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7353 Colgate Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Last: Gross
4. DATE OF DEATH: Month: July Day: 8 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/29/1889
9. AGE (last birthday): 71
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Hungary
12. CITIZEN OF WHAT COUNTRY: Hungary
13a. FATHER'S NAME: Beryl Orenstein
13b. MOTHER'S MAIDEN NAME: Gertrude (unknown)
14. NAME OF HUSBAND OR WIFE: Herman
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.: Unknown
17. INFORMANT: Address: Dr. Byron Gross 7254 Cornell

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): Interstitial Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes mellitus — 4 yrs.
DUE TO (c): 525X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Dec. 1954, to July 8, 1960 and last saw her/him alive on July 8, 1960
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: R. Hance (Degree or title): M.D.
22b. ADDRESS: 4652 Maryland
22c. DATE SIGNED: 7/9/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/10/1960
23c. NAME OF CEMETERY OR CREMATORY: B'nai Amoona Cemetery
23d. LOCATION (City, town, or county) (State): University City, Missouri
24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Avenue
25. DATE RECD. BY LOCAL REG.: JUL 10 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis F. Tudury

Licensed Embalmer No. 4229

P. O. Address_____

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

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ENDED

Items #13a,b,16 amended by affidavit of next of kin verified by Hunganian death Cert. 7-5-01

BY AFFIDAVIT OF DOCUMENT

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 — Length of stay in 1b 1 day

c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 7353 Colgate Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sarah Middle Last Gross

4. DATE OF DEATH Month Day Year July 8, 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (City and state or country) Hungary

12. CITIZEN OF WHAT COUNTRY Hungary

13a. FATHER'S NAME ~~Beryl Orenstein~~ Jakabne' Orenstein

13b. MOTHER'S MAIDEN NAME ~~Gertrude (unknown)~~ Fani Weisz

14. NAME OF HUSBAND OR WIFE Herman

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. ~~Unknown~~ None

17. INFORMANT Dr. Byron Gross Address 7254 Cornell

MEDICAL CERTIFICATION

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PART I. DEATH WAS CAUSED BY:

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22b. ADDRESS 4652 Maryland

22c. DATE SIGNED 7/9/60

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

23b. DATE 7/10/1960

23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona Cemetery

23d. LOCATION (City, town, or county) (State) University City, Missouri

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG. JUL 10 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)