

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028821

FILED VS AUG 10 1960

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6805 Washington Ave.	
3. NAME OF DECEASED (Type or print) First Middle ADALINE TEITELBAUM SONENSCHEIN				4. DATE OF DEATH Month Day Year JULY 10th, 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/7/13	
9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days 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	
11. BIRTHPLACE (City and state or country) St. Louis Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Nathan Teitelbaum				13b. MOTHER'S MAIDEN NAME FREDA.		14. NAME OF HUSBAND OR WIFE Simon Sonenschein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, in what war or dates of service) Unk.				16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Louis Teitelbaum 810 Academy Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia, myelogenous, acute						INTERVAL BETWEEN ONSET AND DEATH 1 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						2043	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 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	
21. I attended the deceased from 5:00 1959 to 7-9-60 and last saw her him alive on 7-9-60 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. Rindskopf M.D.				22b. ADDRESS 1005 Big Bear		22c. DATE SIGNED 7-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/11/60		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar				25. DATE RECD. BY LOCAL REG. JUL 10 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

211/B

