URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-039772

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10134

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1438 E. Grand
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1438 E. Grand
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JENNIE; Middle; Last GREENBERG

4. DATE OF DEATH: Month October; Day 18; Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/1/84

9. AGE (last birthday): 76

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:

11. BIRTHPLACE (City and state or country): Russia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Max Greenberg

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.: Unknown

17. INFORMANT: Herman Greenberg
Address: 710 Heman

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): Pneumonia and general debility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchiectasis
DUE TO (c): 526 X F

INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral arteriosclerosis; hip fracture, incised 7/13/60

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 7-1-60, to 10-18-60 and last saw her alive on 8-2-60
Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Trandelsohn, M.D.

22b. ADDRESS: 4652 Maryland Ave, St. Louis

22c. DATE SIGNED: 10-19-60

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

23b. DATE: 10/20/60

23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Herman Rindskopf, Inc.
ADDRESS: 5216 Delmar

25. DATE RECD. BY LOCAL REG.: OCT 19 1960

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

BY AFFIDAVIT OF

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Peter B. Dubrow

Signature of Student Embalmer

Licensed Embalmer No. 3691

P. O. Address St Louis Mo

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