

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047154

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3593 STATE FILE NUMBER

AMENDED

1. **PLACE OF DEATH** **FILED JAN 9 1962**
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City Length of stay in 1b. YRS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1279 Pennsylvania 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) 1279 Pennsylvania Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First FRANCES Middle Last EMAS
 4. **DATE OF DEATH** Month December Day 18 Year 1961
 5. **SEX** Female
 6. **COLOR OR RACE** White
 7. **Married** Never Married Widowed Divorced
 8. **DATE OF BIRTH** 9/5/1904
 9. **AGE** (last birthday) 57
 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** At Home
 11. **BIRTHPLACE** (City and state or country) St. Louis, Missouri
 12. **CITIZEN OF WHAT COUNTRY** USA
 13a. **FATHER'S NAME** Morris Schnidman
 13b. **MOTHER'S MAIDEN NAME** Dora Shapiro
 14. **NAME OF HUSBAND OR WIFE** Nat
 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.** None
 17. **INFORMANT** Nat Emas Address 1279 Pennsylvania

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) NOT KNOWN
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:)
 DUE TO (b) MITRAL STENOSIS & INSUFFICIENCY
 DUE TO (c) RHEUMATIC HEART DISEASE
 INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) AURICULAR FIBRILLATION
 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** University City COUNTY St. Louis STATE Missouri
 21. I attended the deceased from 12/14/61 to 12/14/61 and last saw her alive on 12/14/61
 Death occurred at 12/14/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Albert Oberman MD 22b. **ADDRESS** 216 So Kingshighway 22c. **DATE SIGNED** 12/18/61
 23a. **BURIAL, CREMATION, REMOVAL (Specify)** Burial 23b. **DATE** 12/20/1961 23c. **NAME OF CEMETERY OR CREMATORY** Chesed Shel Emeth 23d. **LOCATION** (City, town, or county) University City, Missouri (State)

24. **FUNERAL DIRECTOR** Berger Memorial ADDRESS 4715 McPherson Avenue 25. **DATE RECD. BY LOCAL REG.** 12-18-61 26. **REGISTRAR'S SIGNATURE** John C. Murphy M.D.

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Julius J. Jundung*

Licensed Embalmer No. 4229

P. O. Address _____

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