

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032848  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. **318** - Primary Registration District No. **1003** Registrar's No. **8051**

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED AUG 31 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**  
Length of stay in 1b **3 wks.**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Stone Nursing Home**  
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 **University City**  
Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **749 Westgate**  
Reside on Farm Yes  No

3. NAME OF DECEASED First **ANNA** Middle **RODENBERG** Last  
4. DATE OF DEATH Month **Aug.** Day **18** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **Cauc.** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **Unk.** 9. AGE (last birthday) **ab. 92**  
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) **Roumania**  
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Unk. Silverstein** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Simon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type or print) **No.** no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Dan Rodenberg 7900 Blackberry**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **PAROTIDITIS** INTERVAL BETWEEN ONSET AND DEATH **24 HOURS**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **JAUNDICE AND COMMON BILE DUCT OBSTRUCTION** **2 WEEKS**  
DUE TO (c) **LYMPHOSARCOMATOSIS** **2001** **3 MOS**  
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 **JULY - 1962** to **AUGUST 18, 1962** and last saw her **alive on AUG 18, 1962**  
Death occurred at **5:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Mother A Binder** 22b. ADDRESS **4652 MARZANA ST LOUIS 8** 22c. DATE SIGNED **8-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 23b. DATE **8/20/1962** 23c. NAME OF CEMETERY OR CREMATORY **B'nai Amoona** 23d. LOCATION (City, town, or county) (State) **University City, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Berger Memorial 4715 McPherson** 25. DATE RECD. BY LOCAL REG. **AUG 20 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

**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 *James J. Davis*  
Licensed Embalmer No. 3988

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.