

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2458

State File No. ....

FILED JAN 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 6938 Kingsbury	

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Benjamin c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1 8 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH November 10-74 76	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME A. Whitman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE 6-3-49
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Julia B. Goldstein	ADDRESS 6938 Kingsbury
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 13 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion with myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1948, to Jan 8, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hazel Freedman MD	23b. ADDRESS 634 No. Grand Blvd	23c. DATE SIGNED Jan 8 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/11/49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) New York City
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DATE REC'D BY LOCAL REG. JAN 9 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Mayer	ADDRESS 4356 Lindell Bl
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

for 9048

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**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.

Signed.....

*Frank J. Deland*

Signed.....

Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *St. Louis*

**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 this body is not embalmed, fact should be so stated above.