

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24777

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6821

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY in this place 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS NR 608 Westgate			
3. NAME OF DECEASED (Type or Print)		a. (First) ROSE		b. (Middle)	
		c. (Last) FELDMAN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH unk.	9. AGE (In years) (In months) (In days) (If under 24 hrs. Hours Min.) 46 1/2	
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 (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Julius Greenblatt		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Simon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Greenblatt		ADDRESS 6409 Enright			
18. CASE OF DEATH (Enter only one cause per Nos. (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas 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.			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Mo.
19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas		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) 5th floor	21d. (COUNTY) 469	
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? 15-NX		
22. I hereby certify that I attended the deceased from May 15, 1949, to Aug 7, 1949, that I last saw the deceased alive on Aug 6, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.					
23a. SIGNATURE DR. P. D. Stahl M.D.		(Degree or title)		23b. ADDRESS 462 N. Taylor	23c. DATE SIGNED 8/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/49	24c. NAME OF CEMETERY OR CREMATORY Beth. Ham Hag.	24d. LOCATION (City, town, or county) Ladue MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 8 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Berger Memorial 4715 McPherson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300

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 _____

Quinn Judson

Signed.....

Student Embalmer

Licensed Embalmer No. 4329

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

BUREAU OF VITAL STATISTICS.

Affidavit For Correction Of Death Record.
(Write In Whether Birth Or Death)

State of Missouri)
City or)
County of St. Louis) SS.

On this 11th day of Aug.

1949, before me, a Notary Public in and for City of St. Louis
State of Missouri
appears Henry Greenblatt

who upon his oath, states that he (the affiant) desires by
his affidavit to make the following correction on the Death

Record, Registered No. 6871 of Rose Feldman
whose death

occurred at St. Louis Mo in the State
Mo., on Aug. 7th 1949 and which was filed

Aug 8th 1949:

Item Number 9 8 should read ab. 58
instead of ab 61

Item Number _____ should read _____
instead of _____

24777-49

Item Number _____ should read _____
instead of _____

Item Number _____ should read _____
instead of _____

Item Number _____ should read _____
instead of _____

Item Number _____ should read _____
instead of _____

Henry Greenblatt
(Affiant)

Stephan

(Relationship to person whose record is referred to in above)

6409 Eureka
(Present Address Of Affiant)

Subscribed and sworn to before me, this 11th day of August
1949.

Claris A. Ludwig
Notary Public.

Commission Expires: Aug. 1, 1952