

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH 1003

State File No. 8633

FILED OCT 27 1949

318

1003

8633

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. <small>Annotation: residence before admission.</small>) a. STATE Missouri b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)			
OR TOWN St. Louis				OR TOWN University City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) <i>W 7111 Cornell</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) SARAH		b. (Middle) L.		c. (Last) BROWN	
						4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 54	IF UNDER 1 YEAR Months Days
							IF UNDER 24 HRS. 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 (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 7	
13a. FATHER'S NAME Nathan Kirschner			13b. MOTHER'S MAIDEN NAME Rebecca Mandelstamm			14. NAME OF HUSBAND OR WIFE Abe Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Abe Brown-7111 Connell			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>uraemia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <i>Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>				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) <i>L 102</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>HHHX</i>			
22. I hereby certify that I attended the deceased from <i>Aug 1</i> , 19 <i>49</i> , to <i>Oct 5</i> , 1949, that I last saw the deceased alive on <i>Oct 5</i> , 1949, and that death occurred at <i>5 Pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>P. D. Stahl M.D.</i>				23b. ADDRESS <i>M.D. 462 N. Taylor</i>		23c. DATE SIGNED <i>10.6.49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>10/7/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Beth Hamedrosh Hagodol Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
DATE REC'D. BY LOCAL REG. <i>OCT 7 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman Rindskopf, Inc.</i>		
					ADDRESS <i>5216 Delmar</i>		

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 _____
Student Embalmer

Signed _____

John Ketter
Licensed Embalmer No. 3880

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.