

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39455**  
Registrar's No. **10371**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>NR - 6651 Kingsbury</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SOPHIE</b>		b. (Middle) _____		c. (Last) <b>WINESUFF</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 1 1949</b>	
5. SEX <b>Female</b>		16. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 18, 1893</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Russia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Moses Rosenbaum</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Sarah Stalvo</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Winesuff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jos. Winesuff 6651 Kingsbury</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident with left hemiplegia.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Essential hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>  <b>23 yrs</b>	
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) <b>100</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>B31X</b>			
22. I hereby certify that I attended the deceased from <b>Nov 30</b> , 19 <b>49</b> , to <b>Dec 1</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Nov 30</b> , 19 <b>49</b> , and that death occurred at <b>1:29</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Josiah Margidon, M.D.</b>				23b. ADDRESS <b>522 W. 11th</b>		23c. DATE SIGNED <b>Dec 1, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/2/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chevra Kedisha</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 2 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson Ave.</b>			

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

APR 24 1968

**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

*James A. Judewicz*  
.....  
Licensed Embalmer No. 4529

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.