

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35226

State File No. 91178
Registrar's No. 91178

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
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 E. ST. LOUIS 8120	
c. LENGTH OF STAY (In this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 663 POST PLACE 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			

3. NAME OF DECEASED (Type or Print) LENA	a. (First)	b. (Middle)	c. (Last) PLATTNER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1950
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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) MONTHS DAYS HOURS MIN. AB. 77
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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) RUSSIA 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SAM KAPLAN	13b. MOTHER'S MAIDEN NAME FLORENCE (UNIK)	14. NAME OF HUSBAND OR WIFE SAM PLATTNER
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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 ADDRESS SAM PLATTNER 663 POST E. ST. LOUIS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MOS.
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARDIAC DECOMPENSATION		5 YRS
	ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) HYPERTENSION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 14/2000
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22. I hereby certify that I attended the deceased from 8/19, 1946, to 10/24/50, 1950, that I last saw the deceased alive on 10/24, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE Harry Green (Degree or title) MD	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 10/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/26/1950	24c. NAME OF CEMETERY OR CREMATORY CHEVRA KEDISHA	24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.
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DATE REC'D BY LOCAL REG. OCT 26 1950	REGISTRAR'S SIGNATURE J. B. Baer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERGER MEMORIAL 4715 McPHERSON
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Quirio A. Puderis

Licensed Embalmer No. *4829*

Signed.....
Student Embalmer

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.