

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35279**  
**8479**  
Registrar's No. \_\_\_\_\_

FILED OCT 18 1950

318

REG. DIST. NO. **1000** REG. DIST. NO. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <b>1000</b>		REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>616 EASTGATE 2059</b>		d. STREET ADDRESS (If rural, give location) <b>ST. LOUIS 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDITH</b>		b. (Middle) _____		c. (Last) <b>ROTHSTEIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 8, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>UNK</b>	
9. AGE (In years, last birthday) <b>67 1/2</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>USIA 6</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>UNK YOURISH</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>MAX</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 <b>SAM ROTHSTEIN</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with cardiac decompensation</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic fracture of R leg</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.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis 29030</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-5-50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Facial blow</b>			
22. I hereby certify that I attended the deceased from <b>Oct 2, 1950</b> , to <b>Oct 8, 1950</b> , that I last saw the deceased alive on <b>Oct 8, 1950</b> , and that death occurred at <b>9:25 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leon J. Fox</b>				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>Oct 8, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Home</b>		24b. DATE <b>10/8/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Union City Mo</b>	
DATE REC'D BY LOCAL REG. <b>OCT 8 1950</b>		REGISTRAR'S SIGNATURE <b>Jo B. Fessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bernard Remond</b>		ADDRESS <b>815 N. Park</b>	

6208

*Mary*

**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.....

*Quinn P. Quiring*

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.

*Mr. Quiring*