

14899

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 11 1951

3756

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS (14) 4326</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. BAPTIST HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>6714 CHAMBERLAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u>		b. (Middle) <u>LENA</u>		c. (Last) <u>LEVINE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 8, 1886</u>	
9. AGE (In years last <u>65</u> Months <u>-</u> Days <u>-</u> Hours <u>-</u> Mins. <u>-</u> )		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>NOEL BESSOR</u>		13b. MOTHER'S MAIDEN NAME <u>EDITH Blumenthal</u>		14. NAME OF HUSBAND OR WIFE <u>JAKE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAKE LEVIN 6714 Chamberlain</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac and Renal Failure</u>		ANTECEDENT CAUSES <u>Hypertensive cardio-vascular renal disease</u>				<u>3 days</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>DIABETES MELLITUS</u>				<u>Several yrs.</u>	
		DUE TO (c) <u>CELLULITIS OF BUTTOCKS</u>				<u>1 wk.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>DIABETES MELLITUS</u> <u>CELLULITIS OF BUTTOCKS</u>		Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____			
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? <u>HIT BY CAR</u>			
22. I hereby certify that I attended the deceased from <u>Dec 30, 1950</u> , to <u>21 APR, 1951</u> , that I last saw the deceased alive on <u>21 APR, 1951</u> , and that death occurred at <u>9:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard A. Brown M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>21 APR 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETH HAMMOUSH HAGOOD</u>		24d. LOCATION (City, town, or county) (State) <u>LADUE MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 22 1951</u> <u>J.B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BERGAR MEMORIAL 4715 McPherson</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

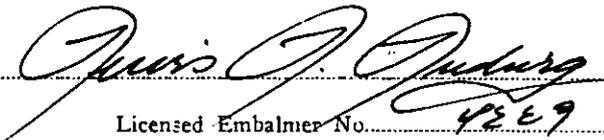
**STATEMENT BY LICENSED EMBALMER**

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..... .....  
Licensed Embalmer No. 4229

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.