No. 300
10.48

FILED MAY 11 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14882

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3517

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 6 wks. 42
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ladue 4421
d. STREET ADDRESS (If rural, give location): 9933 Litzinger Rd. 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): SARAH
b. (Middle):
c. (Last): WERBER

**4. DATE OF DEATH** (Month) (Day) (Year): April 14, 1951

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Mar 25, 1896
**9. AGE** (In years last birthday): 55 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Poland 4
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: HBR. Roufa
**13b. MOTHER'S MAIDEN NAME**: Unk.
**14. NAME OF HUSBAND OR WIFE**: Samuel M. Werber

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unk
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Samuel M. Werber #8 Thorndell

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Chronic nephritis | 2 years |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Diabetes mellitus | ? 5 years |
| DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Uremia | 2 mos. |

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 260 X

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 4/14, 1951, *that I last saw the deceased alive on* 4/14, 1951, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edward Massie M.D.
**23b. ADDRESS**: 457 N. Kingshighway
**23c. DATE SIGNED**: 4/14/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 11
**24b. DATE**: 4/15/1951
**24c. NAME OF CEMETERY OR CREMATORY**: Chesed Shel Emeth
**24d. LOCATION** (City, town, or county) (State): University City, Mo.

**DATE REC'D BY LOCAL REG.**: APR 15 1951
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Berger Memorial 4715 McPherson Ave.

(Licensed Embalmer's Statement on Reverse Side)

## 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. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.