

34782

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8839

FILED OCT 23 1951

318

1003

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3336 OHIO</u>		d. STREET ADDRESS (If rural, give location) <u>24 3336 OHIO 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle)	
c. (Last) <u>AMSTEIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 4 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 22 1875</u>
9. AGE (In years) last birth (Specify) <u>76 4</u>		IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBERT AMSTEIN (DECEASED)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>CORA SEEKER</u> ADDRESS <u>3336 OHIO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uraemia</u> <u>Congestion lungs.</u> DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>Chronic myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 days</u> <u>1 yr</u> <u>1 yr</u>
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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>HH 2X</u>

22. I hereby certify that I attended the deceased from 10/26/50, 1950, to 10/4, 1951, that I last saw the deceased alive on 10/4, 1951, and that death occurred at 8:00 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Simpson M.D.</u>	23b. ADDRESS <u>3739 Gravois, St. Louis, Mo.</u>	23c. DATE SIGNED <u>10/5/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuto 2906 Gravois</u>	
DATE REC'D BY LOCAL REG. <u>OCT 6 1951</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leof Berde

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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.