

STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2934

4000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>857 Westgate Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHANE</u> b. (Middle) <u>-</u> c. (Last) <u>EBERHARD</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>13</u> (Year) <u>52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>Abt. 90</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Zelig Eberhard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I. Rothman -857 Westgate</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>known since 9 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		
	DUE TO (c) <u>4200</u>		
II. OTHER SIGNIFICANT CONDITIONS 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from October 26, 1943, to November 13, 1952, that I last saw the deceased alive on November 13, 1952, and that death occurred at 10<sup>15</sup> A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Zelig Simon M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</u>	
23c. DATE SIGNED <u>11/13 52</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMET ST. Louis County - Mo. Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harbert R. Danks - M.D. Norman R. Danks - M.D. 652-16 Pluear</u>			
DATE REC'D BY LOCAL REG. <u>11-14-52</u>		REGISTRAR'S SIGNATURE			

**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 *Robert G. McBrone*

Licensed Embalmer No. 3691

P. O. Address *Belmont High Bldg*

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.