

## STANDARD CERTIFICATE OF DEATH

State File No. **6131**  
Registrar's No. **1469**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>6131</b>		Registrar's No. <b>1469</b>			
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) <b>32 yrs</b>			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1979a Burd Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>1979a Burd</b> <b>20690</b>							
3. NAME OF DECEASED (Type or Print) <b>Esther</b>			a. (First)		b. (Middle)		c. (Last) <b>Elbein</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid, ..</b>		8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>ab, 68</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. 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 (City and State or Foreign Country) <b>Poland</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>--- Harris</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) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harry Elbein</b> ADDRESS <b>1975 Burd</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>Angina pectoris</b> ANTECEDENT CAUSES <b>Coronary Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b> <b>17 yrs.</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.) _____			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? <b>4201</b>						
22. I hereby certify that I attended the deceased from <b>8/17</b> , 19 <b>38</b> , to <b>2/15</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>2/15</b> , 19 <b>54</b> , and that death occurred at <b>5:15 PM</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Morris O'Leary M.D.</b> (Degree or title)					23b. ADDRESS <b>601 Humboldt Bldg.</b>			23c. DATE SIGNED <b>2/16/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>2/18/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>			24d. LOCATION (City, town, or county) (State) <b>University City Mo</b>				
DATE REC'D BY LOCAL REG. <b>FEB 16 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>						

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

**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.....  
Signature of Student Embalmer

Signed *James A. Judging*.....

Licensed Embalmer No. 428

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**