

STANDARD CERTIFICATE OF DEATH

State File No. 7126

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 181

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. LENGTH OF STAY (in this place) 3 wks.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION PENN NURSING HOME		e. STREET ADDRESS (If rural, give location) 5662 Cabanne	
3. NAME OF DECEASED (Type or Print) BESSIE		a. (First)	b. (Middle)
		c. (Last) NEIDENBERG	
4. DATE OF DEATH (Month) (Day) (Year) JAN 19 1954		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	
8. DATE OF BIRTH Unk.		9. AGE (in years last birthday) Months Days Hours Min. ab. 85	
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13a. FATHER'S NAME Benj. Stein		13b. MOTHER'S MAIDEN NAME Fannie --- unk.	
14. NAME OF HUSBAND OR WIFE Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Philip Neidenberg ADDRESS 7037 Dartmouth	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		DUE TO (c) Unk	
DUE TO (a) Senile dementia		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 Jan 2, 1954 , to Jan 19, 1954 , that I last saw the deceased alive on Jan 19, 1954 , and that death occurred at 8:30P m. , from the causes and on the date stated above.	
23a. SIGNATURE Lewis Littmann MD (Degree or title)		23b. ADDRESS 8231 Clayton Rd (67)	
23c. DATE SIGNED 1/20/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Bur.	
24b. DATE 1/21/54		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson	
DATE REC'D BY LOCAL REG. 1/20/54		REGISTRAR'S SIGNATURE Herbert R. Amick MD	

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.....
Licensed Embalmer No. 3988

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.**