

FILED JUL 2 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5830

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>1 wk</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jeinck Hosp</i>				d. STREET ADDRESS (If rural, give location) <i>1407 Rowan</i>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <i>FANNIE</i>		b. (Middle)		c. (Last) <i>CHEMNICOFF</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 28, 1954</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>mar</i>	8. DATE OF BIRTH <i>with</i>		9. AGE (In years last birthday) <i>67 3</i>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>USSR</i>		12. CITIZEN OF WHAT COUNTRY? <i>USSR</i>			
13a. FATHER'S NAME <i>(unk) Angel</i>		13b. MOTHER'S MAIDEN NAME <i>(unk)</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jo. Chemnicoff</i>				ADDRESS <i>1407 Rowan</i>	
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) <i>CARCINOMA OF BREAST, METASTATIC</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>		
ANTECEDENT CAUSES Morbidity 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.		<i>ARTERIOSCLEROTIC HEART DISEASE</i>					<i>YRS</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>CONGESTIVE FAILURE</i> <i>DIABETES MELLITUS</i>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>170X</i>					
22. I hereby certify that I attended the deceased from <i>6/18, 1954</i> , to <i>6/28, 1954</i> , that I last saw the deceased alive on <i>6/28, 1954</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Harold Selig, M.D.</i>				23b. ADDRESS <i>457 N. Kingshighway</i>		23c. DATE SIGNED <i>6/28/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6/30/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chapel Hill Smith</i>		24d. LOCATION (City, town, or county) (State) <i>Anniston, AL</i>		<i>Mo</i>		
DATE REC'D BY LOCAL REG. <i>JUN 29 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Beryl Remond</i>		ADDRESS <i>4715 N. Sherman</i>			

25. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed *Genie G. Rudberg*

Licensed Embalmer No. 4539

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