

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>411</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural 1 Airport</u>		c. LENGTH OF STAY (in this place) <u>4 mths</u>		c. CITY OR TOWN <u>St. Louis</u>		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: <u>Jewish Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>1808 N. 18th</u>				
3. NAME OF DECEASED (Type or Print) <u>KATIE</u>			a. (First)		b. (Middle)		c. (Last) <u>ECKSTEIN</u>	
4. DATE OF DEATH <u>Feb. 16, 1955</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>		8. DATE OF BIRTH <u>Mar. 16, 1885</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 28 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Simon Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie</u>		14. NAME OF HUSBAND OR WIFE <u>Max</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Eckstein</u> ADDRESS <u>1808 N. 18th</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis of lower extremities, due to auto-vascular</u>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>465X</u>		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 <u>Aug 31, 1954</u> , to <u>Feb 16, 1955</u> , that I last saw the deceased alive on <u>Feb 15, 1955</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Gray W. Schilling M.D.</u> (Degree or title)				23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>2/16/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUR.</u>		24b. DATE <u>2/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-16-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson Avr.</u>				

SW (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.....
Signature of Student Embalmer

Signed.....
Sawbrus J. Diver
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.