

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6204

FILED FEB 27 1956

318

1003

State File No.

1268

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN	
St. Louis		No. 4366 University/City	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	
Jewish Hosp.		1226 Eastover	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JENNIE			b. (Middle) BRICKER		
c. (Last)			Month (Day) (Year)		
			Feb. 4, 1956		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Wid.	
8. DATE OF BIRTH			9. AGE (In years last birthday)		
Apr. 16-1888			ab. 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country)		
Housewife			USSR		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
			USA		

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Unk. Brown		Unk.		Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No		None		Mrs. Weinberg 6252 Southwood	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			INTERVAL BETWEEN ONSET AND DEATH

Cerebral hemorrhage		Interval between onset and death
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Cerebral arteriosclerosis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Cerebral arteriosclerosis		
DUE TO (c) Generalized arteriosclerosis		
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		331x

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 21, 1956, to Feb 3, 1956, that I last saw the deceased alive on Feb 3, 1956, and that death occurred at 7:10 AM., from the causes and on the date stated above.					

23a. SIGNATURE Sidney Jack		23b. ADDRESS #601 Humboldt Bldg. 601 Humboldt Bldg.		23c. DATE SIGNED 2/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Rem.		2/6/56		Beth Hamedrosh Hagodbl Ladue, Mo.	

DATE REC'D BY LOCAL REG. FEB 6 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial, 4715 McPherson	
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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 *Samuel J. Davis*.....

Licensed Embalmer No. 398.....

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.