

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11681**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **802**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN University City		c. CITY OR TOWN University	
c. LENGTH OF STAY (in this place) 5 mos.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 6412 North Drive		e. STREET ADDRESS (If rural, give location) 6412 North Drive	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) _____ c. (Last) TEITELBAUM	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 24, 1956			
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct, 1878	
9. AGE (In years) (last birthday) 76 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	
11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ephraim Teitelbaum		13b. MOTHER'S MAIDEN NAME Chasa (unk)	
14. NAME OF HUSBAND OR WIFE Jennie Teitelbaum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) No	
17. INFORMANT'S SIGNATURE OR NAME Oscar Teitelbaum		ADDRESS 7816 Drexel Dr	
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: Acute Pulmonary Edema ANTECEDENT CAUSES: Chr. Coronary Artery Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Myocardial damage DUE TO (b) Myocardial damage DUE TO (c) Myocardial Infarct (EKG) 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 (Month) (Day) (Year) (Hour) OF INJURY		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 1954 to Mar 24, 1956 , that I last saw the deceased alive on Mar 24, 1956 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Veronica E. Cook, M.D.		23b. ADDRESS 4409 W. Pine	
23c. DATE SIGNED 3/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/56	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo.	
DATE REC'D BY LOCAL REG. 3-25-56		REGISTRAR'S SIGNATURE Herbert R. Donohue	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

(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.....
Lawrence J. De...

Licensed Embalmer No. 39

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.