

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. **17508**
Registrar's No. **4786**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4786	
1. PLACE OF DEATH a. COUNTY			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 town or township) St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN St. Louis	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 Jewish Hosp.			e. STREET ADDRESS (If rural, give location) 5869 Lotus		
3. NAME OF DECEASED (Type or Print)		a. (First) JENNIE	b. (Middle)	c. (Last) ALTERSON	4. DATE OF DEATH (Month) (Day) (Year) May 15 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Nov. 1892	9. AGE (in years last birthday) Months Days Hours Min. 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Roumania	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jos. Hillel		13b. MOTHER'S MAIDEN NAME Regina (unk)		14. NAME OF HUSBAND OR WIFE Jake	
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. 692-24-8091		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Alterson 5869 Lotus	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Arteriosclerotic Heart Disease DUE TO (b) arteriosclerotic heart dis. DUE TO (c) Diabetes Mellitus - Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X			INTERVAL BETWEEN ONSET AND DEATH 14 hours ? 5yr. 10 yr 6yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200			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) m.		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 May 15 1956 , to May 15 1956 , that I last saw the deceased alive on May 15 1956 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Herman J. Roodman (Degree or title) M.D.			23b. ADDRESS Jewish Hosp. St. Louis		23c. DATE SIGNED May 16 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 5/17/56		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona	
24d. LOCATION (City, town, or county) (State) University City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			
DATE REC'D BY LOCAL REG. MAY 17 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D. 5.02 (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. Deina

Licensed Embalmer No. 3980

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.