

STANDARD CERTIFICATE OF DEATH

22397

MAILED JUN 21 1956

State File No.

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

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1351

1. PLACE OF DEATH
 a. COUNTY *St. Louis Mo*
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN *Rural: Central Township*) OR TOWN *Maplewood* c. LENGTH OF STAY (In this place) *Unk.*
 d. FULL NAME OF HOSPITAL OR INSTITUTION *Jewish Sanitaium*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE *Mo.* b. COUNTY *St. Louis*
 c. CITY OR TOWN *Maplewood* d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) *7228 Zephyr Pl.*

3. NAME OF DECEASED
 a. (First) *MAE* b. (Middle) *ROSE* c. (Last) *FELDMAN* 4. DATE OF DEATH (Month) (Day) (Year) *June 1 1956*

5. SEX *Female* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married* 8. DATE OF BIRTH *Feb. 12 1891* 9. AGE (In years last birthday) *65* IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Shoemaker* 10b. KIND OF BUSINESS OR INDUSTRY *Shoes* 11. BIRTHPLACE (City and State or Foreign Country) *St. Louis Mo.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Peter Kennedy* 13b. MOTHER'S MAIDEN NAME *Mary (Unk)* 14. NAME OF HUSBAND OR WIFE *Dr. Louis M. Feldman*

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. *500-16-4062* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Dr. Louis M. Feldman 7228 Zephyr Pl.*

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Carcinoma of colon*
 ANTECEDENT CAUSES *diabetes mellitus*
 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.
 INTERVAL BETWEEN ONSET AND DEATH
2 years
14 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5. 8*, 19*56*, to *6. 1*, 19*56*, that I last saw the deceased alive on *6. 1*, 19*56*, and that death occurred at *1:53 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *Harold Birnbaum* (Degree or title) *M.D.* 23b. ADDRESS *607 N. Grand* 23c. DATE SIGNED *6/1/56.*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *6/4/56* 24c. NAME OF CEMETERY OR CREMATORY *Memorial Park Cemetery* 24d. LOCATION (City, town, or county) (State) *St. Louis County Mo.*

DATE REC'D BY LOCAL REG. *6-2-56* REGISTRAR'S SIGNATURE *Herbert A. Doube md* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Sullivan's 2849 No. Euclid Ave.*

29c

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 *Albert Grayfield*.....
Licensed Embalmer No. *307*.....

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.