

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32716

State File No. _____

FILED SEP 19 1956

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|--|--|---|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>1982</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | |
| b. CITY OR TOWN _____ | | c. LENGTH OF STAY (in this place) <u>3 yrs</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>5535 Pershing Avenue</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) _____ c. (Last) <u>ALBERSTEIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-21-1956</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Unk.</u> | | |
| 9. AGE (In years last birthday) <u>Abt. 76</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 4 HRS. Hours _____ | | Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unk.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Louis Alberstein</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Alberstein-5535 Pershing</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>osteoporosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>many years</u> | |
| 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) <u>NI</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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>Jan 1, 1954</u> to <u>8-21, 1956</u> that I last saw the deceased alive on <u>8/20, 1956</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Tracy H. Feilich M.D.</u> | | | | 23b. ADDRESS <u>462 No. Taylor</u> | | 23c. DATE SIGNED <u>8/21/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/23/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem. St. Louis County, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) _____ | | |
| DATE REC'D BY LOCAL REG. <u>8-21-56</u> | | REGISTRAR'S SIGNATURE <u>Herbert B. Romke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Merman Rindskopf, Inc., 5216 Delmar Bl</u> | | | | |

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

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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 *John Ketter*.....
Licensed Embalmer No. *3880*.....

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.