

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30007

STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7069**

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 3006a Cherokee	
3. NAME OF DECEASED (Type or print) JAKE (AKA JACOB) SEIDENBERG		4. DATE OF DEATH July 29, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Showman		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Isaac Seidenberg		14. MOTHER'S MAIDEN NAME Anna Hyatt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-12-9061	
17. INFORMANT Mrs. H. Seidenberg		Address 3006a Cherokee	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basiliary artery rupture Hypertensive Vascular disease DUE TO (b) _____ DUE TO (c) 331 X			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ubderm.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/28/57 to 7/29/57 and last saw him alive on 7/28/57 Death occurred at 12:40A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mrs. Olive W. Berger (Degree or title)		22b. ADDRESS 601 Humboldt Bldg	
		22c. DATE SIGNED 7/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Reburied		23b. DATE 7/31/57	
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo.	
24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 Moperson		25. DATE RECD. BY LOCAL REG. JUL 30 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith MO			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Obtainer cannot certify to death of deceased if must be casualty related. diseases in Part I

No. 10
 Mrs. Isaac Seidenberg
 1000-15-001
 St. Louis, Mo.
 White
 Hypertensive
 Vascular disease
 Jewish Hosp. 22 yrs. 2300 S. Cherokee
 St. Louis, Mo. 63103
 Mrs. Seidenberg 3000 Cherokee
 St. Louis, Mo. 63103

STATEMENT BY LICENSED EMBALMER

Hypertensive
 Vascular disease

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Isaac Seidenberg*

 Licensed Embalmer No. 39

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.