

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34121

STATE FILE NUMBER

FILED OCT 11 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9059**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.				Length of stay in lb 4 days		d. STREET ADDRESS (If outside, give location) 6541 San Bonita	
3. NAME OF DECEASED (Type or print) FANNIE				Middle SHAPIRO		Last SHAPIRO	
4. DATE OF DEATH Sept. 26, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH Jan. 8, 1875		9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Sweden	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Abr. Rubenowitz			
14. MOTHER'S MAIDEN NAME Rose Unterberg 3307 Lawn				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. None				17. INFORMANT Sidney Shapiro 3307 Lawn			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a).						19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. 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: 12:15		Month, Day, Year: 9-26-57		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 Clayton COUNTY Ladue, Mo. STATE Mo.	
21. I attended the deceased from 20 years to 9-26-57 and last saw her alive on 9-26-57 . Death occurred at 12:15 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Saul Hemenway M.D.				22b. ADDRESS No. 7 Theatre Bldg.		22c. DATE SIGNED 9-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 9/29/57n		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh agodol		23d. LOCATION (City, town, or county) (State) Ladue, Mo.	
24. FUNERAL DIRECTOR Burger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. SEP 28 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Factor, coroner, etc. must use only embossed momentary-stamped forms. No symptoms will be listed. An embossed momentary-stamped form is required for a death due to natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

St. Louis
 Clayton
 Jewish Hosp. 4 days
 St. Louis
 Jewish Hosp. 4 days
 Sept. 25, 1922
 SHARON
 Feb. 8, 1922
 x
 white
 Mrs. I. ame
 H ors wife
 Mrs. Rubenowitz
 Rose Unterberg 3307
 Sweden
 USA
 Mrs. Rubenowitz
 Mrs. Unterberg 3307
 Sweden
 USA
 Mrs. Rubenowitz
 Mrs. Unterberg 3307
 Sweden
 USA

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 *Quinn J. Quinn*
 Licensed Embalmer No. 48

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.