FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38419

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2466

Health, Welfare, Public Service

300
1-56

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6910 Amherst 1 — Length of stay in 1b YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4336 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 6910 Amherst — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First DOLLY Middle Last SPIEGEL

4. DATE OF DEATH Month Day Year Oct. 5, 1957

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1

8. DATE OF BIRTH Dec. 2, 1910

9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Morris DeWoskin

14. MOTHER'S MAIDEN NAME Lillie Molloff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. no

17. INFORMANT Address Mr. J.Lewis Spiegel-6910 Amherst Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic lesions — 1 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X 0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1952, to 10-5-57 and last saw her/him alive on 9-28-57
Death occurred at 12 noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. M. Charles, M.D. 0

22b. ADDRESS 110 S. Central Clayton

22c. DATE SIGNED 10-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/7/57

23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG. 10-7-57

26. REGISTRAR'S SIGNATURE Herbert R. Wom[illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.