alth,
elfare
blic
vice

00
57

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3837
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 129

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 718 Limit — Length of stay in lb 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City 4336 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 718 Limit — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First FRIEDA Middle Last REIF

4. DATE OF DEATH Month Day Year Jan. 14, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH May 1, 1886
9. AGE (In years last birthday) 71 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY AT Home
11. BIRTHPLACE (City and state or country) Hungary
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk.
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE Gustav

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. None
17. INFORMANT Helen Pearlstone Address 6266 Enright

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH about 16 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — Many years
DUE TO (c) Arteriosclerotic Heart Disease — Many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Oct 1956, to present and last saw her/him alive on 1-13-58
Death occurred at 5:45 AM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Roufa MD
22b. ADDRESS 539 N. Grand
22c. DATE SIGNED 1-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Bur.
23b. DATE 1/15/58
23c. NAME OF CEMETERY OR CREMATORY Mt/Sinai
23d. LOCATION (City, town, or county) (State) Gardenville, Mo.

24. FUNERAL DIRECTOR Berger memorial ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. 1-14-58
26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

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.