

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006968
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar **2379**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis							
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 Univ. City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 10 day		d. STREET ADDRESS (If outside, give location) 7243 Lindell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) ANNA RUTH ALPER				4. DATE OF DEATH Month 2 Day 26 Year 1958							
5. SEX female		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 ab. 1888					
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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Morris Schoenfeld				14. MOTHER'S MAIDEN NAME Fannie (unk)							
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. None		17. INFORMANT Address Nathan Alper 7243 Lindell Blvd							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphoma, left pelvic area Lymphoma, Left Pelvic Area						INTERVAL BETWEEN ONSET AND DEATH 10/57					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, low						DUE TO (b)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ((a))						DUE TO (c) 202.1					
1. X-ray Radiation Proctitis - Anemia, Debilitation						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
2. Shock following X-ray series of colon 2/25/58											
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.) 2. Shock following X-ray series of colon 2-25-58											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
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 9/19/57 to 2/26/58 and last saw her alive on 2/25/58 Death occurred at 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Roy Greenbaum (Name or title) M.D.				22b. ADDRESS 4652 Maryland				22c. DATE SIGNED 2/26/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2/27/58		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) Univ. City, Mo.					
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. FEB 27 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, m.d. M. J. B.					

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. 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.