

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020173
State File No.

FILED JUN 13 1958
BIRTH NO.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5864

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1mo 18days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 5954 Kingsbury	
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) c. (Last) Sosna		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) Abt. 82	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	11. BIRTHPLACE (City and State or Foreign Country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Abraham Sosna
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. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lisak-5915 Washington Avenue
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Congestion of Heart		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Anterior cerebral Heart Disease 1 1/2 mo.	
		DUE TO (c) Generalized Arteriosclerosis 1 1/2 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Lower Lobar Pneumonia		3 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		420.0	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 17, 1958, to June 6, 1958, that I last saw the deceased alive on June 6, 1958, and that death occurred at 12:10 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal	23c. DATE SIGNED 6/6/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/8/58	24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. JUN 6 58	REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc. 5216 Delmar Bl.	

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..... *Peter B. Debraunell*

Licensed Embalmer No. *369*

P. O. Address *H. L. ...*

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.