

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007155

STATE FILE NUMBER

2 1478

FILED MAR 2 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. _____

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u> 4336 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>		Length of stay in lb <u>1 MTH</u>	d. STREET ADDRESS (If outside, give location) <u>6736 Vernon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ISADORE</u> Middle <u>-</u> Last <u>GREENBERG</u>			4. DATE OF DEATH Month <u>2</u> Day <u>11</u> Year <u>59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 2, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRM. MANG</u>	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and state or country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>NATHAN Greenberg</u>		13b. MOTHER'S MAIDEN NAME <u>(unc)</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or date of service) <u>925</u> <u>W.V.A.I</u>		16. SOCIAL SECURITY NO. <u>890 01-7108</u>	17. INFORMANT <u>Lillian Greenberg</u> Address <u>6736 Vernon</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year _____ 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 COUNTY STATE	
21. I attended the deceased from <u>1947</u> to <u>1959</u> and last saw ^{her} him alive on <u>2-10-59</u> Death occurred at <u>2:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Melvin B. Kinsten MD</u>		22b. ADDRESS <u>950 Francis Pl</u>	22c. DATE SIGNED <u>2-11-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem</u>	23b. DATE <u>2/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cheso Shol Emcty</u>	23d. LOCATION (City, town, or county) (State) <u>University City MO</u>
24. FUNERAL DIRECTOR <u>BERGER Memorial</u>	ADDRESS <u>875 McPherson</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 1 1959</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

Lawrence J. DeWitt

Licensed Embalmer No. 7980

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.