

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015741
STATE FILE NUMBER
2 3632

DECEASED **MAY 1 1959** Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If outside, give location) 4515 McPherson	

3. NAME OF DECEASED (Type or print) First MAURICE Middle B. Last SLEIN			4. DATE OF DEATH APRIL 12th, 1959 Month Day Year		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1902	9. AGE (In years last birthday) 56	10. F UNDER 1 YEAR Months Days Hours Min.	11. F UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Broker	11. BIRTHPLACE (City and state or country) Austria	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Slein	13b. MOTHER'S MAIDEN NAME Rebecca Bierman	14. NAME OF HUSBAND OR WIFE Bess R. Slein
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk.	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mrs. Beverly Rubin Address 7192 White Oak Lane
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Staph. Aureus - Coag. Pos.		INTERVAL BETWEEN ONSET AND DEATH 4/8/59.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bacteremia, Staph. Aureus	2 wks.
	DUE TO (c) Multiple Abscesses - Scalp, Gluteal, Thighs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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
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21. I attended the deceased from 4/8/59 to 4/12/59 and last saw ^{her} him alive on 4/11/59 . Death occurred at 4:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Ray Greenbaum MD	22b. ADDRESS 4652 Maryland	22c. DATE SIGNED 4/13/59.
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23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel. Emeth Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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24. FUNERAL DIRECTOR Herman Rindskopf Inc. ADDRESS 5216 Delmar	25. DATE RECD. BY LOCAL REG. APR 13 '59	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

300
1-57
5
29
0
4

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 *John Ketter*

Licensed Embalmer No. *3880*

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.