

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015767

STATE FILE NUMBER

2855

FILED MAY 1 1959

Registration District No. _____

Primary Registration District No. _____

Registrar No. _____

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY 7	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If outside, give location) 5547 Wabada	
Length of stay in lb 32 yts.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BESSIE Middle SPEIGLE Last			4. DATE OF DEATH Month Mar. Day 20 Year 1959
5. SEX Female	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 Unk.
9. AGE (In years, last birthday) ab. 75		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	11. BIRTHPLACE (City and state or country) USSR
12. CITIZEN OF WHAT COUNTRY? USSR		13a. FATHER'S NAME Joseph Russman	
13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE Sam	
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. None	17. INFORMANT Address Mrs. Mary Chazen 7619 Cornell
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) arteriosclerotic Heart Disease DUE TO (c) 420.0F Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Excluded - No sup.			INTERVAL BETWEEN ONSET AND DEATH 10 hrs 7 years
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.) Fall at Hamilton Medical Center.		20c. TIME OF INJURY Hour 7:30 a.m. 3-16-59 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hamilton Med. Center	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY STATE	
21. I attended the deceased from Sept 1954 to March 1959 and last saw her alive on Mar. 20-59 Death occurred at 20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Ronald H. Fenger M.D.		22b. ADDRESS 1007 E. Euclid	
22c. DATE SIGNED 3-20-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	
23b. DATE 3/22/59		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
23d. LOCATION (City, town, or county) University City, Mo.		(State)	
24. FUNERAL DIRECTOR Fenger Memorial 4715 14th Person		25. DATE RECD. BY LOCAL REG. MAR 20 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		27. _____	

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 *Quinn J. Anderson*
Licensed Embalmer No. 4529
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.