

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023547

FILED JUN 19 1959

Registration District No. _____ Primary Registration District No. _____

STATE FILE NUMBER
2 5128
Register No. _____

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) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University 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 5 days	d. STREET ADDRESS (If outside, give location) 7025 Etzel		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First FRIEDA Middle _____ Last WOLF				4. DATE OF DEATH Month 5 Day 27 Year 59				
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 May 3, 1891	9. AGE (In years last birthday) 68	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) Germany		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Leopold Kahn			13b. MOTHER'S MAIDEN NAME Minna Scheidt		14. NAME OF HUSBAND OR WIFE Sally			
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 Lottie Marx 7025 Etzel		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct						INTERVAL BETWEEN ONSET AND DEATH 4 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertensive heart disease						many years		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7200						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.)					
20c. TIME OF INJURY Hour _____ 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 Death occurred at 4:30 AM on 6/13/49 to 5/27/59 and last saw her alive on 5/26/59 m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Joseph A. Kendis, M.D. (Degree or title)				22b. ADDRESS 462 N. Taylor Ave. St. Louis 8 Mo		22c. DATE SIGNED 5/27/59		
23a. BURIAL, CREMATION, REINTERMENT (Specify) Rem.		23b. DATE 5/28/59	23c. NAME OF CEMETERY OR CREMATORY B'rith Sholom		23d. LOCATION (City, town, or county) (State) University City, Mo.			
24. FUNERAL DIRECTOR Berger Memorial 4715 Mc hershoh ADDRESS				25. DATE RECD. BY LOCAL REG. MAY 28 59		26. REGISTRAR'S SIGNATURE Wm. Leonard Smith, M.D.		

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 Sanford J. Deane

Licensed Embalmer No. 3988

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.