

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038170**

**FILED VS OCT 23 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9424**

|  |                                  |   |   |   |   |  |  |
|--|----------------------------------|---|---|---|---|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b _____<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>        |                                  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____<br>c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>1438 East Grand</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |   |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>Jennie</b> Middle <b>Tzinberg</b> Last _____   |                                  | <b>4. DATE OF DEATH</b> Month <b>OCT</b> Day <b>14</b> Year <b>1959</b>   |   |   |   |  |  |
| <b>5. SEX</b> <b>F</b>   | <b>6. COLOR OR RACE</b> <b>W</b> | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <b>Unknown</b>  | <b>9. AGE</b> (last birthday) <b>Abt. 82</b>  | <b>IF UNDER 1 YEAR</b><br>Months _____ Days _____   | <b>IF UNDER 24 HR</b><br>Hours _____ Min. _____        |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>  |                                  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____  |   | <b>11. BIRTHPLACE</b> (City and state or country) <b>Russia</b>                                       |   | <b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>       |  |
| <b>13a. FATHER'S NAME</b> <b>Unknown</b>   |                                  |   | <b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>   |   | <b>14. NAME OF HUSBAND OR WIFE</b> <b>Max Tzinberg</b>  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |                                  | <b>16. SOCIAL SECURITY NO.</b> <b>Unk.</b>  |   | <b>17. INFORMANT</b> Address <b>East St. Louis, Ill.</b><br><b>Phyllis Goldenberg-4706 McCasland</b>  |   |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b><br>DUE TO (b) <b>Generalized Arteriosclerosis</b><br>DUE TO (c) <b>331X</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>         |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Gas Gangrene infection of leg</b>   |                                  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  |   | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (State nature of injury in PART I or PART II of item 18.)   |   |  |  |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____   |                                  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ |   | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE _____ |  |
| <b>21. I attended the deceased from</b> <b>10/7/59</b> to <b>10/14/59</b> and last saw her alive on <b>10/14/59</b><br>Death occurred at <b>7:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |  |  |
| <b>22a. SIGNATURE</b> (Degree or title) <b>Theresa Blase MD</b>  |                                  |   | <b>22b. ADDRESS</b> <b>Jewish Hospital of St. Louis</b>   |   |   | <b>22c. DATE SIGNED</b> <b>10/14/59</b>                |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>  |                                  | <b>23b. DATE</b> <b>10/15/59</b>  | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth Cem St. Louis County, Missouri</b>   |   | <b>23d. LOCATION</b> (City, town, or county) (State) _____  |  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Herman Rindskopf, Inc. 5216 Delmar Bl.</b>  |                                  |   | <b>25. DATE RECD. BY LOCAL REG.</b> <b>OCT 14 59</b>  |   | <b>26. REGISTRAR'S SIGNATURE</b> <b>Roan Smith, M.D.</b>  |  |  |

*S.P.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 B. Brodick*

Licensed Embalmer No. 3691  
P. O. Address *H. Lewis*

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.