

AMENDED

DATE AMENDED

2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4570 STATE FILE NUMBER

FILED MAY 19 1961

| | | | |
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St. Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5712 Kingsbury</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5712 Kingsbury</u> |
| 3. NAME OF DECEASED (Type or print) First <u>SOPHIA</u> Middle Last <u>EISEN</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1961</u> | |

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|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX <u>Female</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>6/1/1901</u> | 9. AGE (last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Rumania</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Frank Chesnek</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Mack</u> | 14. NAME OF HUSBAND OR WIFE <u>Philip Eisen</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT Address <u>Lawrence Finck 100 Ladue Meadows La</u> | |

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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) <u>myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> |
| DUE TO (b) <u>Coronary arteriosclerosis</u> | | <u>5 years</u> |
| DUE TO (c) <u>4201</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>bronchial asthma</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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. | Month, Day, Year | |

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| 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 March 1961 to May 1961 and last saw her alive on May 9, 1961
Death occurred at 2:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Type or Print) | 22b. ADDRESS <u>457 N. Kingshighway St. Louis</u> | 22c. DATE SIGNED <u>May 13, 1961</u> |
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|--|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/15/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |
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| 24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons 7233 Delmar</u> | 25. DATE RECD. BY LOCAL REG. <u>MAY 15 1961</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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EISEN

Dr. Sidney Jick
457 No. Kingshighway
Fo. 1-6621

CITY
SIGNED OK

St. Louis Maternity Hosp.
4:05 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.