

FILED MAY 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16296
1985
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/6/48 - 5/9/48
(Specify whether in this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4518 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Seald Denowitz

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 1948 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to May 10 1948 that I last saw her alive on May 10 1948 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hyman 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death.

Acute Coronary Sudden
occlusion

Due to Coronary artery 34 mo
blockage + hypertension

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

73 hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

Major findings: Of operations 942

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Denowitz

(b) Address 4222 Virginia

17. (a) Burial (b) Date thereof 5-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____ Means of injury _____

23. Signature Alfred P. Holmes (Date or other) _____
Address 420 Prof Bldg Date signed 5/10/48

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave., Kansas City, Mo.

19. (a) 5-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. L. Lewis

Licensed Embalmer No.....

3110

P. O. Address.....

H. O. Moore

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 1985-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of January, 1951, before me appears _____
JACK DENOWITZ, who, upon his oath, states that the original record of ^{birth} death
for Leaha Denowitz, died 5-10-48, 19____, in the State of
Missouri, and which was filed at St. Louis on 5-10-, 1948, should be corrected as follows:

Item No. 3 should read Leah Denowitz
Instead of _____ Leaha Denowitz

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Jack Denowitz ^{son} Self Relationship

4222 Virginia St. St. Louis
Present Address

Subscribed and sworn to before me this 12th day of January, 1951.

My Commission expires September 10, 1954 Bertha Boreman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-16296

