

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1949

State File No. 14237
3449
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 5 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH ORTHODOX OLD HOME		d. STREET ADDRESS (If rural, give location) 1438 E. Grand	

3. NAME OF DECEASED (Type or Print) MAX UIMAN			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1949		
5. SEX OR Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk.	
8. DATE OF BIRTH unk.		9. AGE (In years last birthday) ab73		IF UNDER 1 YEAR Months Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia 6		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE			
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. Winfield 1438 E. Grand			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Catheter pneumonia</i> ANTECEDENT CAUSES Asthma Chronic <i>Morbid conditions, if any, giving rise to the above cause (b) Myocarditis</i> <i>the underlying cause last.</i> DUE TO (b) <i>Myocarditis</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4220</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *April 14, 1949* to *April 17, 1949*, that I last saw the deceased alive on *Apr 11, 1949*, and that death occurred at *7:54 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Max Uiman</i>		23b. ADDRESS <i>1918 East Green</i>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/18/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>		24d. LOCATION (City, town, or county) (State) <i>University City Mo</i>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 18 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berger Memorial 4715 McPherso</i>			
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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.

Signed _____

Quinn P. Ludwig

Licensed Embalmer No. 4829

Signed _____
Student Embalmer

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