

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14457**

FILED APR 23 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 711

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>5853 LOTUS AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Abraham</u> b. (Middle) _____ c. (Last) <u>Littman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years) (Month) (Day) <u>78 years</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LADIES DRESSES</u>		11. BIRTHPLACE (State or foreign country) <u>RUSSIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>BENZINE LITTMAN</u>		13b. MOTHER'S MAIDEN NAME <u>BAILY</u>	
14. NAME OF HUSBAND OR WIFE (Date) <u>LATE BESSIE LITTMAN</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle Glickman</u>		18. ADDRESS <u>5707 9th St. St. Louis</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung and ribs</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Papillary growth of bladder</u> <u>1 1/2 years</u> DUE TO (c) <u>162 x</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>47a</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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) _____		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 March 17, 1949, to March 23, 1949, that I last saw the deceased alive on March 23, 1949, and that death occurred at 9:37 a.m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alma Sueiro M.D. (M)</u>		23b. ADDRESS <u>Jewish Sanatorium, 700 Franklin, St. Louis, Mo.</u>		23c. DATE SIGNED <u>3-23-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Shel Emeth</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO.</u>		24e. NAME OF FUNERAL DIRECTOR <u>Ovenhardla</u>		24f. ADDRESS <u>5010 Enright Ave</u>	

DATE REC'D BY LOCAL REG. <u>3-24-49</u>		REGISTRAR'S SIGNATURE <u>Thuid Lunge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ovenhardla</u>	
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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.

Student .....  
Student Embalmer

Signed *W. B. Kenhauple*.....  
Licensed Embalmer No. *2669*.....

P. O. Address *5010 Ensign*.....

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.

We, the undersigned, duly sworn upon our oaths state that we are the Daughter and Son of the deceased, Abraham Littman, who died on the 23rd day of March, 1949, at the Jewish Sanatorium, in St. Louis County.

The affiants stated in said proof of death that deceased was aged 73 years, and said statement was made by error; That in truth and in fact deceased was born at Russia, and in Truth and in fact deceased was aged 67 years at time of his death.

Belle Glickman  
DAUGHTER

Joe Littman  
SON

Subscribed and sworn to before me this 19th day of May, 1949

Edward P. [Signature]  
NOTARY PUBLIC

My commission expires  
Sept. 7th, 1951.

1949

S-14457