

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18088

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 1004
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i> 0		d. STREET ADDRESS (If rural, give location) <i>1400 N. Blair</i> 7		
3. NAME OF DECEASED (Type or Print) <i>Isaac</i>		a. (First) <i>Isaac</i>	b. (Middle)	c. (Last) <i>Gittleman</i>
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>
8. DATE OF BIRTH <i>September 2</i>		9. AGE (In years last birthday) <i>70</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>peddler</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Chaim Jacob Kettelman</i>
13b. MOTHER'S MAIDEN NAME <i>Lurah</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>_____</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Joe Katz</i> ADDRESS <i>2739 Franklin</i>
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>terminal Bronchopneumonia.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>senile dementia</i>		
		DUE TO (c) <i>Fracture of tibia and fibula (car accident)</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <i>accident</i>		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 <i>12 11 49 a.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>struck by automobile.</i>
22. I hereby certify that I attended the deceased from <i>Feb 6, 1949</i> to <i>April 25, 1949</i> , that I last saw the deceased alive on <i>April 25, 1949</i> , and that death occurred at <i>4:07 p.m.</i> from the causes and on the date stated above.				
23a. SIGNATURE <i>Alleganore M.D.</i> (Degree or title) 0		23b. ADDRESS <i>Jewish Sanatorium, Fee Fee Road, Robertson, Mo.</i>		23c. DATE SIGNED <i>4.25.49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-26-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chester St. Emeth</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Openhandler</i> ADDRESS <i>5010 Enright</i>		
DATE REC'D BY LOCAL REG. <i>4-25-49</i>		REGISTRAR'S SIGNATURE <i>Thirion Lunge MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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. Penhance

Licensed Embalmer No. _____

2669

P. O. Address _____

5010 Enright

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.