

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21756**  
Registrar's No. **5084**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				179			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5321 Wabada</b>				d. STREET ADDRESS (If rural, give location) <b>5321 Wabada</b>				10			
3. NAME OF DECEASED (Type or Print) <b>TSADORE</b>			a. (First) _____			b. (Middle) _____			c. (Last) <b>TANANBAUM</b>		
4. DATE OF DEATH <b>June 9, 1949</b>			(Month) _____ (Day) _____ (Year) _____			5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>			8. DATE OF BIRTH <b>Unk</b>			9. AGE (In years last birthday) <b>ab68</b>			IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Tailor</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Poland</b>			12. CITIZEN OF WHAT COUNTRY <b>US</b>		
13a. FATHER'S NAME <b>Morris Tanabbaum</b>				13b. MOTHER'S MAIDEN NAME <b>Unk</b>				14. NAME OF HUSBAND OR WIFE <b>Jennie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <b>Morris Tananbaum</b> ADDRESS <b>5547 Cote Brillante</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>Death</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				Coronary thrombosis							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>I had a coronary thrombosis about 5 years ago.</b>							
				DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>none</b>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>MO</b>							
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? <b>4201</b>							
22. I hereby certify that I attended the deceased from <b>Jan 1941</b> , to <b>6/8, 1949</b> , that I last saw the deceased alive on <b>6/2, 1949</b> , and that death occurred at <b>4: P. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Alpha Johnson M.D.</b>				23b. ADDRESS <b>635 N. Grand</b>				23c. DATE SIGNED <b>6/10/49</b>			
24a. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>		24b. DATE <b>6/12/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hevre Kedasha Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Ladue MO</b>					
DATE REC'D BY LOCAL REG. <b>JUN 11 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 McPherson</b>					

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.

Signed         *Alvaro Judurg*        

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No.         4229        

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.