

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 30 1949

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6412
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) HR 7285 Princeton		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) (NMI) c. (Last) KASKOWITZ		4. DATE OF DEATH (Month) (Day) (Year) 7 22 49		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH UNKNOWN - abt 1873	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY mens clothing		11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (Unk) Kaskowitz		
13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Edna Kaskowitz		
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. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Irvin Corn
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital cystic kidneys INTERVAL BETWEEN ONSET AND DEATH birth ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 15th St
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? 7571
22. I hereby certify that I attended the deceased from June 19 49 , to July 22 49 , that I last saw the deceased alive on July 21 49 , and that death occurred at 2A m., from the causes and on the date stated above.				
23a. SIGNATURE Reuben Polman		23b. ADDRESS 634 N 10th		23c. DATE SIGNED 7/23/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/24/49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		
DATE REC'D BY LOCAL REG. JUL 24 1949		REGISTRAR'S SIGNATURE J. B. Sasser		ADDRESS 4715 McPherson

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Lewis Ludwig

Licensed Embalmer No. *4259*

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.