

FILED JUL 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6156

BIRTH NO. 45162-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6156

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</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>11 hrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>61476 Shawmut Pl</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>UN-NAMED</u>	b. (Middle) <u>INFANT</u>	c. (Last) <u>LANDSBAUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 13 49</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7/12/49</u>
9. AGE (In years last birthday) <u>0</u>		10. AGE (In years last birthday) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Robert Landsbaum</u>	13b. MOTHER'S MAIDEN NAME <u>Frieda Broder</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Landsbaum</u>	ADDRESS <u>1476 Shawmut</u>
---	-----------------------------------	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Prematurity</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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) <u>159</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>770X</u>

22. I hereby certify that I attended the deceased from 7/12, 1949 to 7/13, 1949 that I last saw the deceased alive on 7/13, 1949 and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. Taylor</u>	(Degree or title)	23b. ADDRESS <u>462 N. Taylor</u>	23c. DATE SIGNED <u>7/14/49</u>
---------------------------------------	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/14/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUL 14 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>	ADDRESS <u>4715 McPherson</u>
--	---	--	----------------------------------

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lewis Ludwig

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.