

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32459

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3002 Registrar's No. 2124

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>                                       |  |
| c. LENGTH OF STAY (in this place)  |  | d. STREET ADDRESS (If rural, give location) <b>7057 DARTMOUTH</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7057 DARTMOUTH</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MORRIS</b> b. (Middle) <b>KRAITZER</b> c. (Last) <b>KRAITZER</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>9 5 49</b>                              |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>WHITE</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   | 8. DATE OF BIRTH <b>unk.</b>   |
| 9. AGE (In years last birthday) <b>80. 59</b>  | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Days   | IF UNDER 2 HRS. Hours  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANUFACTURER</b>  | 10b. KIND OF BUSINESS OR INDUSTRY <b>LADIES WEAR</b>   | 11. BIRTHPLACE (State or foreign country) <b>LITHUANIA</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |
| 13a. FATHER'S NAME <b>BAREL KRAITZER</b>   | 13b. MOTHER'S MAIDEN NAME <b>RUTH (UNK)</b>  | 14. NAME OF HUSBAND OR WIFE <b>ZESLA KRAITZER</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  | 16. SOCIAL SECURITY NO. <b>NO</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ZELDA ABRAMS 5904 DARTMOUTH</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  |   |  |
| MEDICAL CERTIFICATION  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>   |  | 18b. INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |   |  |
| ANTECEDENT CAUSES (Morbid 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.) <b>420.0</b>  |  |   |  |
| 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)   |  |
| 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   |  |
| 22. I hereby certify that I attended the deceased from <b>July 19, 1949</b> , to <b>Sept 5, 1949</b> , that I last saw the deceased alive on <b>9-5, 1949</b> , and that death occurred at <b>10:20 A.M.</b> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Edward J. Berger M.D.</b>  |  | 23b. ADDRESS <b>457 N. Kingshighway</b>   | 23c. DATE SIGNED <b>9-6-49</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  | 24b. DATE <b>9/6/49</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>BETH HAM HAG</b>  | 24d. LOCATION (City, town, or county) (State) <b>LADUE MISSOURI</b>              |
| DATE REC'D BY LOCAL REG. <b>9-6-49</b>   | REGISTRAR'S SIGNATURE <b>Medeant P. Henderson</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BERGER MEMORIAL 4715 MCPHERSON</b>  |  |

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

UC-33

**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.

Student .....  
Student Embalmer

Student Embalmer By.....

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.