

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38682
10414

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 200	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 7 DAYS		d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL	
e. STREET ADDRESS 1429 BLACKSTONE AVE		(If rural, give location)	
3. NAME OF DECEASED a. (First) HYMAN		b. (Middle) EHRlich	
c. (Last) EHRlich		4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1949	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 2 - 1878	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) RUSSIA	
12. CITIZEN OF WHAT COUNTRY? U.S.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	
10b. KIND OF BUSINESS OR INDUSTRY FISH		13a. FATHER'S NAME YITZCHUK AARON EHRlich	
13b. MOTHER'S MAIDEN NAME MOLLA PERR		14. NAME OF HUSBAND OR WIFE DORA EHRlich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-10-5249	
17. INFORMANT'S SIGNATURE OR NAME Simon Ehrlich		ADDRESS 1429 Blackstone Ave	
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) <u>Meta static Car carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arteriosclerosis</u>	
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) H6 MO	
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? 153X		22. I hereby certify that I attended the deceased from Aug, 1949, to Dec 3, 1949, that I last saw the deceased alive on Dec 3, 1949, and that death occurred at 12 a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Lawrence M. Kottman M.D.</u> (Degree or title)		23b. ADDRESS 50814 Grand	
23c. DATE SIGNED 12/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-4-49		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel. Emeth.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. MO		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oxenhandler</u> ADDRESS 5010 Enright Ave	
DATE REC'D BY LOCAL REG. OFFICE DEC 4		REGISTRAR'S SIGNATURE <u>J B Lasater</u>	

(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. J. Okenbandler

Licensed Embalmer No. 3669

P. O. Address 5010 Emright

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.