

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42456**  
**10799**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1396 Hamilton</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1396 Hamilton</b>				d. STREET ADDRESS (If rural, give location) <b>1396 Hamilton</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dora</b>			b. (Middle) _____		c. (Last) <b>Federman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 14 1949</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unknown abt - 73</b>		9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Russia</b>			12. COUNTRY OF WHAT CITIZENRY? <b>USA</b>			
13a. FATHER'S NAME <b>Ely Gralnick</b>			13b. MOTHER'S MAIDEN NAME <b>Ruth (unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>Louis Federman</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Gralnick</b>					ADDRESS <b>4228 Manchester</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>Coronary sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hour</b>  <b>10 yrs.</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) <b>94</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>Aug</b> , 19 <b>41</b> , to <b>Dec. 14, 1949</b> , that I last saw the deceased alive on <b>Oct 6</b> , 19 <b>48</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Barnett L. Taussig M.D.</b>				23b. ADDRESS <b>45DD. Olive St</b>				23c. DATE SIGNED <b>Dec. 15</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/16/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>		24d. LOCATION (City, town, or county) _____ (State) <b>University City, Mo</b>					
DATE REC'D BY LOCAL <b>DEC 16 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>					ADDRESS <b>4715 McPherson Ave.</b>	

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

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**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 *James A. Audary*

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.