

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3110**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **15**

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) **St. Louis** c. LENGTH OF STAY (In this place) _____
d. CITY (If outside corporate limits, write RURAL and give township) **Clayton** **4442**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital** d. STREET ADDRESS (If rural, give location) **120 N. Forsythe Ave.**

3. NAME OF DECEASED a. (First) **BEN TZINBERG** b. (Middle) _____ c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 1, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Unknown** 9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.) **Abt. 66**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Newspaper Carrier** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Russia** **6** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Lillian Tzinberg**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. B. Tzinberg-120 Forsythe 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pseudo myxoma peritonei**
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. _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **120**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **578X**

22. I hereby certify that I attended the deceased from **Jan 1, 1948**, to **Jan 1, 1950**, that I last saw the deceased alive on **Jan 1, 1950**, and that death occurred at **3:39 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Michael M. Karl M.D.** 23b. ADDRESS **3720 W. Ashmun Blvd.** 23c. DATE SIGNED **Jan. 1, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1/2/50** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JAN 3 1950** REGISTRAR'S SIGNATURE **J. B. Laster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **5946 Parkway**

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.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No.

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.