

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15010
3706
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. LENGTH OF STAY (in this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 - St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 5800 Clemens			
3. NAME OF DECEASED (Type or Print) a. (First) YETTA		b. (Middle) SLUMPSKY		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH unk	9. AGE (In years last birthday) ab 57	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benj. Wax		13b. MOTHER'S MAIDEN NAME esther Unk.		14. NAME OF HUSBAND OR WIFE Gus			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Gus Slumsky 5800 Clemens			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u> <u>5 YRS.</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)			
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? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>4/22, 1950</u> , to <u>4/22, 1950</u> , that I last saw the deceased alive on <u>4/22, 1950</u> , and that death occurred at <u>130P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Berger</u> (Degree or title)				23b. ADDRESS <u>634 N. GRAND</u>		23c. DATE SIGNED <u>4/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>4/24/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berger Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 W. ChPherson</u>			

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

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4441

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 G. Quiburg
Licensed Embalmer No. 4329

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.