

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15093
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3313

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY 8990	
c. LENGTH OF STAY (in this place) 10 Wks		c. CITY (If outside corporate limits, write RURAL and give township) 8 Brakpan, Tvl. South Africa	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If rural, give location) 593 Prince George Ave.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Solly	b. (Middle)	c. (Last) Waner	Apr. 3, 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1914	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Lithuania	12. CITIZEN OF WHAT COUNTRY? British
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13a. FATHER'S NAME Unk. Waner	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Maisie Marcus Waner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaretha Prinsloo, S. Africa	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Parkinson's Syndrome</i>		INTERVAL BETWEEN ONSET AND 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 350X
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22. I hereby certify that I attended the deceased from 2-1-, 1950, to 4-3-, 1950, that I last saw the deceased alive on 4-3-, 1950, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Lincator</i>	(Degree or title)	23b. ADDRESS 4952 Maryland	23c. DATE SIGNED 4/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/10/50	24c. NAME OF CEMETERY OR CREMATORY Chesed Shek Emeth	24d. LOCATION (City, town, or county) (State) University City, Mo.
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DATE RECD BY LOCAL HEALTH DEPT. APR 10 1950	REGISTRAR'S SIGNATURE <i>J. B. Lincator</i>	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS St. Louis Mo.
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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 *Quiro J. Andujar*

Licensed Embalmer No. 829

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.