

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 21720
3509

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS **5861 Julian**

3. NAME OF DECEASED
a. (First) **DORA** b. (Middle) _____ c. (Last) **KROST**
4. DATE OF DEATH **June 24, 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Unknown** 9. AGE (In years last birthday) **Abt. 50**
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) **St. Louis, Mo**
12. CITIZEN OF WHAT COUNTRY? _____

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

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Morris Krost** ADDRESS **5861 Julian**

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) **CEREBRAL VASCULAR ACCIDENT**
ANTECEDENT CAUSES
DUE TO (b) **EMBOLUS OR HEMORRHAGE**
DUE TO (c) **CARONIC FIBRILLATION + HYPERTENSION 1 1/2 YRS**
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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H 22, 1**

22. I hereby certify that I attended the deceased from **APRIL 1949**, to **JUNE 24, 1950**, that I last saw the deceased alive on **6/24, 1950**, and that death occurred at **2:00 PM.**, from the causes and on the date stated above.

23a. SIGNATURE **Harry Cegren** (Degree or title) **MD** 23b. ADDRESS **634 N. GRAND (3)** 23c. DATE SIGNED **6/24/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/25/50** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 25 1950** REGISTRAR'S SIGNATURE **J. B. Casater** 25. FUNERAL DIRECTOR'S SIGNATURE **Herman Rudolph** ADDRESS **5216 Delmar**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Kettes

Signed.....
Student Embalmer

Licensed Embalmer No. 3880

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.