

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22287
State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1449**

40 of 4

1. PLACE OF DEATH a. COUNTY St. Louis		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) Normandy	c. LENGTH OF STAY (in this place) 5 wks	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION PENN. NURSING Home		d. STREET ADDRESS (If rural, give location) 3352 Clara - 1	

3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) _____ c. (Last) KARSH		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT 16 1884
9. AGE (16 years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (State or foreign country) USSR 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) USSR 4		12. CITIZEN OF WHAT COUNTRY? USSR	
13a. FATHER'S NAME Moses Schucholder		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Pastor			

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 Pastor Karsh		ADDRESS 3352 Clara	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cerebral hemorrhage left				3 days	
ANTECEDENT CAUSES		DUE TO (b) My previous arterial				2 yrs	
		DUE TO (c) arteriosclerosis, general				2 yrs	
II. OTHER SIGNIFICANT CONDITIONS		none					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
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? no injury	

22. I hereby certify that I attended the deceased from **April**, 19**49**, to **June 9**, 19**50**, that I last saw the deceased alive on **6-9**, 19**50**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard P. Rich D.M.S.		23b. ADDRESS 462 No. Taylor St. Louis Mo		23c. DATE SIGNED 6-9-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 6/11/50		24c. NAME OF CEMETERY OR CREMATORY Head St. Elmo		24d. LOCATION (City, town, or county) (State) University City Mo	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 10 1950		FUNERAL DIRECTOR'S SIGNATURE Herbert L. ...		ADDRESS 6715 ...	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Quiro J. Puchner*

Licensed Embalmer No. 4539

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.