

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25635

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1612	
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Air port Townships</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>University City 4336</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Moses</i>		b. (Middle)		c. (Last) <i>Hollander</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 30, 1950</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Unknown</i>	
9. AGE (In years last birthday) <i>Abt. 76</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Merchant</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>Sarah Hollander</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. M. Hollander - 6608 Clemens</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>peripheral vascular disease (gangrene of feet)</i> <i>diabetes mellitus</i> 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 type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 20, 1950</i> to <i>June 30, 1950</i> , that I last saw the deceased alive on <i>June 30, 1950</i> , and that death occurred at <i>8 1/2 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Delbert R. Alonzo M.D.</i>				23b. ADDRESS <i>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</i>		23c. DATE SIGNED <i>6/30/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/2/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>6-30-50</i>		REGISTRAR'S SIGNATURE <i>Delbert R. Alonzo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Max Herman</i>		ADDRESS <i>5216 Delmar</i>	

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

MAR 27 1968

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

John Ketter
.....
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.