No. 300
10.48

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

FILED AUG 28 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26087

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 935

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 529 S. 11th Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Abraham
b. (Middle): ***
c. (Last): Leibowitz

**4. DATE OF DEATH** (Month) (Day) (Year): August 11, 1950

**5. SEX**: Male
**6. COLOR OR RACE**: Jewish
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced
**8. DATE OF BIRTH**: Dec. 25, 1883
**9. AGE** (In years last birthday): 66 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Jeweler- Market Master
**10b. KIND OF BUSINESS OR INDUSTRY**: (City Market)
**11. BIRTHPLACE** (State or foreign country): Austria.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Solomon Leibowitz
**13b. MOTHER'S MAIDEN NAME**: Taube Zemmerspitz
**14. NAME OF HUSBAND OR WIFE**: Deborah Dorch

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ******
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Mollie Naken — **ADDRESS**: St. Joseph, Mo.

**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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — ? yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July, 1946 *to* Aug 11, 1950, *that I last saw the deceased alive on* Aug 11, 1950, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert H. Conrad (Degree or title) MD
**23b. ADDRESS**: St Joseph Mo
**23c. DATE SIGNED**: 8/12/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 13, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Shaare Sholem Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri.

**DATE REC'D BY LOCAL REG.**: Aug. 19, 1950
**REGISTRAR'S SIGNATURE**: E. C. Jenkins 382
**25. FUNERAL DIRECTOR'S SIGNATURE**: Walter Meierhoffer — **ADDRESS**: St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1950

## 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 Albert E. Harrington

Signed ****** Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

**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.