

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 823-50

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28746
State File No. 6952
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28746			
REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28746		Registrar's No. 6952			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 58 yrs.		c. CITY OR TOWN St. Louis		2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Jewish osp.				d. STREET ADDRESS (If rural, give location) 5796 Westminster					
3. NAME OF DECEASED (Type or Print) BENJAMIN (BEN) UKMAN			a. (First)			b. (Middle)			
4. DATE OF DEATH Aug. 14, 1950			c. (Last)			5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 10/1882		9. AGE (In years last birthday) 68			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar Manf.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Louis Ukman			13b. MOTHER'S MAIDEN NAME Rose Unk			14. NAME OF HUSBAND OR WIFE Blanche			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Alvin Ukman				ADDRESS 5316 Pershing	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion 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.						INTERVAL BETWEEN ONSET AND DEATH sudden	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Asst					
22. I hereby certify that I attended the deceased from Jan, 1937 , to Aug 14, 1950 , that I last saw the deceased alive on July 25, 1950 , and that death occurred at 11:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS 634 76 East		23c. DATE SIGNED 8/15/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/50		24c. NAME OF CEMETERY OR CREMATORY hesed Shel meth		24d. LOCATION (City, town, or county) (State) University City Mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 16 1950 [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Berger Memorial 4715 McPherson					

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.....

Quinn P. Oreding

Licensed Embalmer No. *4889*

Signed.....
Student Embalmer

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.