

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 35018
7649
Registrar's No.

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 35018 7649	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				b. COUNTY Missouri		c. CITY (If outside corporate limits, write RURAL and give township) University City	
c. LENGTH OF STAY (in this place) 36yrs				d. STREET ADDRESS (If rural, give location) 6406 Cabanne			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				3. NAME OF DECEASED			
a. (First) DELLA		b. (Middle)		c. (Last) KWESKIN		4. DATE OF DEATH (Month) (Day) (Year) 9/9/50	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (unk)	
9. AGE (In years last birthday) ab 57		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
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) USSR	
12. CITIZEN OF WHAT COUNTRY? UNK				13a. FATHER'S NAME Abraham Klayman			
13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Julius Kweskin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris Kweskin 1085 N&S Rd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, arterial				1yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tumor of Spinal Cord		DUE TO (c)				3yrs	
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? HH 3X				22. I hereby certify that I attended the deceased from June 1949 , to 9 Sept 1950 , that I last saw the deceased alive on 9 Sept 1950 , and that death occurred at 109 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Leo Sottlieb				23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 9/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/10/50		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag		24d. LOCATION (City, town, or county) (State) Ladue Missouri	
DATE REC'D BY LOCAL REG. SEP 10 1950		REGISTRAR'S SIGNATURE J. B. Lavater		25. FUNERAL DIRECTOR'S 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 O. Oreding

Signed.....

Student Embalmer

Licensed Embalmer No. 4229

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.