

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38942**
Registrar's No. **9494**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38942		Registrar's No. 9494			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069			d. STREET ADDRESS (If rural, give location) 1419 Montclair 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital											
3. NAME OF DECEASED (Type or Print) a. (First) MACHLY		b. (Middle) _____		c. (Last) RADMAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 74	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 5 MIN. 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) Russia -6			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Beryl Alter			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Moses Radman					
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 ADDRESS M. Radman-1419 Montclair					
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, asphyxia, 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 a month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis								system	
		DUE TO (c) General atherosclerosis									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seriously									
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? 331X					
22. I hereby certify that I attended the deceased from you , 1890 , to Nov. 6, 1950 , that I last saw the deceased alive on Nov. 6, 1950 and that death occurred at 1:25 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Harry Jandrell M.D.				23b. ADDRESS 674 N. Grand Blvd.				23c. DATE SIGNED 11-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/50		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. Nov 8 1950		REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudolph, Inc. 5516 Blue					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *John Ketter*

Signed.....
Student Embalmer

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.