

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38990

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9618

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <u>2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4605 Lindell Blvd.</b> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) <b>G.</b> c. (Last) <b>SAMISH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) (Specify) <b>Abt. 65</b>		# UNDER 1 YEAR Months	# UNDER 24 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brokerage</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b> <u>0</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Adolph Samish</b>	
13b. MOTHER'S MAIDEN NAME <b>Amelia Strauss</b>		14. NAME OF HUSBAND OR WIFE	
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 <b>Arthur Lieber - 6203 Pershing</b>
17. ADDRESS		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.	
18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sub-dural hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral embolus</b> DUE TO (c) <b>Sub-acute bacterial meningitis 2 mos</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>abt 1 mo</b> <b>abt 1 mo</b>	
19a. DATE OF OPERATION <b>11/4/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Sub-dural hematoma</b>	
20. AUTOPSY? YES <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>331X</b>		22. I hereby certify that I attended the deceased from _____, 19 <u>93</u> , to <u>11/11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/11</u> , 19 <u>50</u> , and that death occurred at <u>8 p.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Arthur E. [Signature]</b> M.D.		23b. ADDRESS <b>532 N. Grand</b>	
23c. DATE SIGNED <b>11/12/50</b>		23d. SIGNATURE OF REGISTRAR <b>J. B. Rooster</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/13/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 13 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>5216 [Address]</b>	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*John K. Kelly*  
Licensed Embalmer No. 388C

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.**