

FILED DEC 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42352

318

PRIMARY REG. DIST. 1003

Registrar's No. 9928

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 1003		Registrar's No. 9928	
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) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN UNIVERSITY CITY 4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 721 Leland 1			
3. NAME OF DECEASED (Type or Print) SIMON		a. (First)		b. (Middle)		c. (Last) HECHT	
5. SEX 0 Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓		8. DATE OF BIRTH November 2, 1884 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY realestate		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Herman Hecht			13b. MOTHER'S MAIDEN NAME Clara Wallerstein			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. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Hecht 812 Leland Ave			
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) carcinoma of colon  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 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION carcinoma of colon				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) 1 2 3 4 5 6 7 8 9 10 11 12		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X			
22. I hereby certify that I attended the deceased from Nov. 15, 1950, to Nov 21, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G. E. Gruenfeld M.D.				23b. ADDRESS 4500 Olive		23c. DATE SIGNED 11/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 11/23/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. NOV 22 1950		REGISTRAR'S SIGNATURE G. B. Roster		25. FUNERAL DIRECTOR'S SIGNATURE Mayer		ADDRESS 4356 Lindell	

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 \_\_\_\_\_

*Oliver P. Sadwell*

Licensed Embalmer No. 4077

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.