

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6748

Registrar's No. 1642

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1642</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>27 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5780 McPherson</u>				d. STREET ADDRESS (If rural, give location) <u>5780 McPherson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SAM</u>		b. (Middle)		c. (Last) <u>UMAN</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>Feb.</u>		<u>18,</u>		<u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH -- <u>Unknown abt.</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cigar Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manf.</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Isaac Uman</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Golda</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Golda Uman 5780 McPherson</u>			
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) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Heart Disease?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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? <u>Heart</u>			
22. I hereby certify that I attended the deceased from <u>April 1946</u> , to <u>Feb 18, 1951</u> , that I last saw the deceased alive on <u>12/25</u> , 19 <u>50</u> , and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter E. Strawn</u>				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>2/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Meth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>		
DATE RECEIVED BY LOCAL REG. <u>FEB 19 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Lewis P. Anderson

Signed.....
Student Embalmer

Licensed Embalmer No..... *4529*

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.