No. 300
10.48

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10128

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2033

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 40 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5814a Westminster

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2059

d. STREET ADDRESS (If rural, give location) 5814a Westminster 0

3. NAME OF DECEASED (Type or Print)
a. (First) SAMUEL
b. (Middle)
c. (Last) GLICKSMAN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH unk

9. AGE (In years last birthday) abt 1 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Ladies Wear

11. BIRTHPLACE (State or foreign country) Poland 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk

13b. MOTHER'S MAIDEN NAME unk.

14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME David Lentzner 7365 Delmar — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 162X

22. *I hereby certify that I attended the deceased from* 2 year, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 2-27, 1951, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sam Wennerman MDO

23b. ADDRESS Mo. Theater Bldg.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE 3/4/51

24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona

24d. LOCATION (City, town, or county) University City (State) Mo.

DATE REC'D BY LOCAL REG. MAR 2 1951

REGISTRAR'S SIGNATURE J. B. Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson — ADDRESS

(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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4889

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.