

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18640

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4585**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp		d. STREET ADDRESS (If rural, give location) 5750 VERNON	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) STEVE		4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1951	
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 2, 1897
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook	11. BIRTHPLACE (State or foreign country) Green 6
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Abrams 5750 Vernon	
16. SOCIAL SECURITY NO. None		14. NAME OF HUSBAND OR WIFE Lamar	

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) Adeno Carcinoma Gall bladder with metastases		INTERVAL BETWEEN ONSET AND DEATH Indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bile Nephrosis		DUE TO (b) _____		
DUE TO (c) _____		DUE TO (b) _____		
19a. DATE OF OPERATION May 5, 1951		19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma of Gall bladder in operable.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 155X

22. I hereby certify that I attended the deceased from **April 25, 1951**, to **May 14, 1951**, that I last saw the deceased alive on **May 14, 1951**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert L. Eisen M.D.		23b. ADDRESS 216 S. Kingshighway		23c. DATE SIGNED May 14, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5/16/51	24c. NAME OF CEMETERY OR CREMATORY Mc. Steve	24d. LOCATION (City, town, or county) (State) Univ. of Mo	
DATE REC'D BY LOCAL REG. MAY 16 1951	REGISTRAR'S SIGNATURE J. B. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE Bergin Thomas		ADDRESS 4715 McPherson

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 L. Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. 42879

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.