

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18789

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2330

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (In this place) <b>years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		4346
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>7258a Tulane</b>			d. STREET ADDRESS (If rural, give location) <b>7258a Tulane</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>SADYE</b>		b. (Middle)		c. (Last) <b>BLEICH</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 7, 1900</b>		9. AGE (In years) <b>51</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 1, 1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>David Wolff</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Kligman</b>	
14. NAME OF HUSBAND OR WIFE <b>Herman Bleich</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Herman Bleich-7258a Tulane</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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?	
22. I hereby certify that I attended the deceased from <u>5/18</u> 19 <u>51</u> , to <u>6/1</u> 19 <u>51</u> , that I last saw the deceased alive on <u>6/1</u> 19 <u>51</u> , and that death occurred at <u>6 a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Herbert P. Somke M.D.</b>		23b. ADDRESS <b>539 N. Grand</b>		23c. DATE SIGNED <b>6/1/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/3/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>6-2-51</b>		REGISTRAR'S SIGNATURE <b>Herbert P. Somke</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>James P. ...</b>		ADDRESS <b>5216 ...</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student .....  
Student Embalmer

Signed.....

*John Ketter*  
Licensed Embalmer No. 3880  
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.